


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000001280		
1. Entity Name THE DOCKS AT BELLAGIO CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 2701 VIA CIPRIANI CLEARWATER, FL 33764	Mailing Address 2701 VIA CIPRIANI CLEARWATER, FL 33764	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR, #260 CLEARWATER, FL 33762		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Marsha Rigney</u> <u>property manager</u> <u>3-6-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small> DATE		
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC SCHWARTZ, DAVID 2701 VIA CIPRIANI CLEARWATER, FL 33764	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD SCHWARTZ, GARY 2701 VIA CIPRIANI CLEARWATER, FL 33764	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHMAN, MORRIS 2725 VIA CIPRIANI UNIT 7148 CLEARWATER, FL 33764	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>G. Schwartz</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3/12/07</u> <u>7275679943</u> <small>Date Daytime Phone #</small>



03062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 57-1160671	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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03/27/07-80006-009 61.25

**DO NOT WRITE
IN THIS SPACE**