

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90047 050 ****61.25

DOCUMENT # N03000003880 1. Entity Name BELLAMAR AT BEACHWALK I, CONDOMINIUM ASSOCIATION INC.			
Principal Place of Business 11030 N. KENDALL DRIVE SUITE 100 MIAMI, FL 33176		Mailing Address 11030 N. KENDALL DRIVE SUITE 100 MIAMI, FL 33176	
2. Principal Place of Business P.O. Box 212 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 212 Suite, Apt. #, etc.	
City & State ESTERO, FL Zip 33928		City & State ESTERO, FL Zip 33928	
Country USA		Country USA	
4. FEI Number 57-1167688		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALLIN, RAMON 11030 N. KENDALL DRIVE SUITE 100 MIAMI, FL 33176		7. Name and Address of New Registered Agent Name LORI Ann AYERS, CAM, CFPM Street Address (P.O. Box Number is Not Acceptable) 19557 IRIS RD. City Ft. Myers FL Zip Code 33912	
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 LORI Ann Ayers, CAM, CFPM LORI Ann Ayers, CAM, CFPM 2/01/05 Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when re-electing) DATE			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VASQUEZ, JOHANNY 11030 N. KENDALL DRIVE #100 MIAMI, FL 33176	☒ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PALLIN, RAMON 11030 N. KENDALL DRIVE #100 MIAMI, FL 33176	☒ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALPERM, RICHARD 11030 N KENDALL DR, STE. 100 MIAMI, FL 33176	☒ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDWARD Wilkins P.O. Box 212 ESTERO, FL 33928-0212	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALEX Benko P.O. Box 212 ESTERO, FL 33928-0212	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRANK ROMANO P.O. Box 212 ESTERO, FL 33928-0212	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARILYN MOREHOUSE P.O. Box 212 ESTERO, FL 33928-0212	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: EDWARD WILKINS 2/02/05 234-489-4863 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #			