# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 23, 2005 8:00 am**
**Secretary of State**
03-23-2005 90047 048 ****61.25

DOCUMENT # N03000003881

1. Entity Name
BELLAMAR AT BEACHWALK II, CONDOMINIUM ASSOCIATION INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~11030 N. KENDALL DR., SUITE~~ 100<br>~~MIAMI, FL 33176~~ | ~~11030 N. KENDALL DR., SUITE~~ 100<br>~~MIAMI, FL 33176~~ |

02012005 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| P. O. Box 212 | P. O. Box 212 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Estero FL | City & State: Estero, FL |
| Zip: 33928 Country: USA | Zip: 33928 Country: USA |

4. FEI Number 57-1167689 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| ~~PALLIN, RAMON~~<br>~~11030 N. RANDALL DR, SUITE 100~~<br>~~MIAMI, FL 33176~~ | Name: LoriAnn Ayers CAM, CFPM<br>Street Address (P.O. Box Number is Not Acceptable): 18557 IRIS RD.<br>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: LoriAnn Ayers CAM, CFPM LoriAnn Ayers CAM, CFPM 2/01/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>VASQUE, JOHANNY<br>11030 N. KENDALL DR., SUITE 100<br>MIAMI, FL 33176 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD Pam Scaggs<br>P.O. Box 212<br>Estero, FL 33928-0212 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>PALLIN, RAMON<br>11030 N. KENDALL DR., SUITE 100<br>MIAMI, FL 33176 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD Patricia Smith<br>P.O. Box 212<br>Estero FL 33928-0212 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>HALPERN, RICHARD<br>11030 N. KENDALL DRIVE, SUITE 100<br>MIAMI, FL 33171 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD Martha Withine<br>P.O. Box 212<br>Estero FL 33928-0212 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD Bobby Yoxall<br>P.O. Box 212<br>Estero FL 33928-0212 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D Millie Withine<br>P.O. Box 212<br>Estero FL 33928-0212 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ 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:** Mildred A Withine 2/7/05 239-489-4863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #