

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90019 036 \*\*\*\*61.25

<b>DOCUMENT # N03000003881</b> 1. Entity Name <b>BELLAMAR AT BEACHWALK II, CONDOMINIUM ASSOCIATION INC.</b>					
Principal Place of Business PO BOX 212 ESTERO, FL 33928 US			Mailing Address PO BOX 212 ESTERO, FL 33928 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>57-1167689</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
AYERS, LORI ANN 18557 IRIS RD FORT MYERS, FL 33912				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>	
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>11/10/06</b>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SRAGGS, DAN		NAME	Dan Skaggs	
STREET ADDRESS	PO BOX 212		STREET ADDRESS	P.O. Box 212	
CITY-ST-ZIP	ESTERO, FL 339280212		CITY-ST-ZIP	ESTERO, FL 33928	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, PATRICIA		NAME		
STREET ADDRESS	PO BOX 212		STREET ADDRESS		
CITY-ST-ZIP	ESTERO, FL 339280212		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WITTINE, MARTHA		NAME		
STREET ADDRESS	PO BOX 212		STREET ADDRESS		
CITY-ST-ZIP	ESTERO, FL 339280212		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YOXALL, BOBBY		NAME		
STREET ADDRESS	PO BOX 212		STREET ADDRESS		
CITY-ST-ZIP	ESTERO, FL 339280212		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WITTINE, MILLIE		NAME		
STREET ADDRESS	PO BOX 212		STREET ADDRESS		
CITY-ST-ZIP	ESTERO, FL 339280212		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 officers empowered.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <b>1/13/06</b> DAYTIME PHONE # <b>239-945-2809</b>		

945-648-7092