


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90129 039 \*\*\*\*61.25

<b>DOCUMENT # N03000008492</b>					
<b>1. Entity Name</b> BELLASERA CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 6620 ESTERO BLVD FT MYERS BCH, FL 33931			<b>Mailing Address</b> 6620 ESTERO BLVD FT MYERS BCH, FL 33931		
<b>2. Principal Place of Business - No P.O. Box #</b> 6620 Estero Blvd		<b>3. Mailing Address</b> 6620 Estero Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Ft Myers Bch, FL		<b>City &amp; State</b> Ft Myers Bch, FL		<b>4. FEI Number</b> 20-0277610	
<b>Zip</b> 33931		<b>Country</b> U.S.A.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> VOGEL, JAMES D 3936 TAMiami TRAIL NORTH STE A NAPLES, FL 34103			<b>7. Name and Address of New Registered Agent</b> Name: R+A Agents, Inc. J. Ashley J. Lugo Street Address (P.O. Box Number is Not Acceptable): 850 Park Shore Drive Trianon Centre - Third Floor City: Naples, FL Zip Code: 34103		
<b>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.</b> SIGNATURE: <i>Ashley J. Lugo, Sec. for R+A Agents, Inc.</i> (NOTE: Registered Agent signature required when reinstating) DATE:					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> DP <b>NAME</b> FLUEGEL, DONALD <b>STREET ADDRESS</b> 1303 S FRONTAGE RD STE 5 <b>CITY-ST-ZIP</b> HASTINGS, MN 55033	<input type="checkbox"/> Delete		<b>TITLE</b> PRESIDENT <b>NAME</b> Don Fluegel <b>STREET ADDRESS</b> 2523 Old Bridge Lane <b>CITY-ST-ZIP</b> Hastings, MN 55034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DV <b>NAME</b> GERRY, MARK <b>STREET ADDRESS</b> 1125 S FRONTAGE RD STE 4 <b>CITY-ST-ZIP</b> HASTINGS, MN 55033	<input type="checkbox"/> Delete		<b>TITLE</b> Vice President <b>NAME</b> Robert Williams <b>STREET ADDRESS</b> Box 9741 <b>CITY-ST-ZIP</b> Hastings, MN 55033	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DS <b>NAME</b> VOGEL, JAMES D <b>STREET ADDRESS</b> 3936 TAMiami TRAIL NORTH, STE A <b>CITY-ST-ZIP</b> NAPLES, FL 34103	<input type="checkbox"/> Delete		<b>TITLE</b> Secretary <b>NAME</b> Dave Lawrence <b>STREET ADDRESS</b> 1125 South Frontage Rd #4 <b>CITY-ST-ZIP</b> Hastings, MN 55033	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DT <b>NAME</b> LAWRENCE, DAVE <b>STREET ADDRESS</b> 1125 S FRONTAGE RD STE 4 <b>CITY-ST-ZIP</b> HASTING, MN 55033	<input type="checkbox"/> Delete		<b>TITLE</b> Treasurer <b>NAME</b> Robert Caturia <b>STREET ADDRESS</b> 33284 South Oak Drive <b>CITY-ST-ZIP</b> Payot Lakes, MN 56472-2618	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DD <b>NAME</b> SCHUTT, MICHAEL <b>STREET ADDRESS</b> 2310 WESTVIEW DR <b>CITY-ST-ZIP</b> HASTINGS, MN 55033	<input type="checkbox"/> Delete		<b>TITLE</b> Director <b>NAME</b> Pat Novitzki <b>STREET ADDRESS</b> 10227 Upton Place <b>CITY-ST-ZIP</b> Bloomington, MN 55431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i>			3-17-08 239-765-4111		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		