2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N0300008492 1. Entity Name BELLASERA CONDOMINIUM ASSOCIATION, INC.					05-02-2008 90129 039 ****6					
Principal Plac 6620 ESTER FT MYERS BO		Mailing Address 6620 ESTERO BI FT MYERS BCH, I				(13 14 1 1 11 11 11 11 11 11 11 11 11 11 11 11	: 	f Beili eann aeim r	OLA BUDDA IBUD AU	181 0 1 01 1 10 1
2. Principal Place of Business - No P.O. Box # 6620 Estero Blud		3. Mailing Address 6620 Estero Blud								
Suite, Apt.	#, etc.	Suite, Apt. #, et	C.		03	122008	Chg-NP	CR2E0	37 (12/06)	
	lers Bch, tl.	City & State FI Myer		FL.	4.	FEI Number 20-0277 6	310		_ <u> </u>	oplied For of Applicable
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	6. Name and Address of Current F	legistered Agent		Name	<u>7. l</u>	Name and A	ddress of Ne	w Registered	Agent	
VOGEL, JAMES D 3936 TAMIAMI TRAIL NORTH STE A NAPLES, FL 34103				Street Address (P. O-Box Number is Not Acceptualle) Store Park Shore Drive: Sec						
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	named entity submits this statement for ions of registered agent.	the purpose of chang	ing its register	red office or	registered ag	gent, or both,	in the State o	f Florida. I am	familiar with,	and accept
	() about Them	Ant S		. 0 .	$\Delta \Delta \Delta$	1400	6 100	_		
SIGNATURE .	Signature, typed or printed name of spistered agent a	nd title il applicable.	(NOTE: Register	ed Agent signatur	re required when re	einstating)	2, 111	DATE		
SIGNATURE .	Signature, typed or printed fam) of existence from a Filling Fee is \$61.25 Due by May 1, 2008	9. Electi	(NOTE: Registers on Campaign F Fund Contribu	Financing	\$5.i	einstating) 00 May Be ed to Fees	3, 1115		k payable to	
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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 this team of the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239-765-4/1/ Daytime Phone #