

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008492

FILED
Mar 30, 2009
Secretary of State

Entity Name: BELLASERA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6620 ESTERO BLVD.
FT MYERS BCH, FL 33931

New Principal Place of Business:

Current Mailing Address:

6620 ESTERO BLVD.
FT MYERS BCH, FL 33931

New Mailing Address:

FEI Number: 20-0277610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROFA AGENTS, INC. C/O .
850 PARK SHORE DRIVE.
TRIANON CENTRE-THIRD FLOOR
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

ROETZEL & ANDRESS
850 PARK SHORE DRIVE.
TRIANON CENTRE-THIRD FLOOR
NAPLES, FL 34103 US

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.

SIGNATURE: ASHLEY DE LUPO

03/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FLUEGEL, DON
Address: 2523 OLD BRIDGE LANE
City-St-Zip: HASTINGS, MN 55034

Title: VP () Delete
Name: WILLIAMS, ROBERT
Address: BOX 9741
City-St-Zip: HASTINGS, MN 55033

Title: S () Delete
Name: LAWRENCE, DAVE
Address: 1125 SOUTH FRONTAGE RD #4
City-St-Zip: HASTINGS, MN 55033

Title: T () Delete
Name: CATURIA, ROBERT
Address: 33284 SOUTH OAK DRIVE
City-St-Zip: PEQUOT LAKES, MN 564722618

Title: D () Delete
Name: NOVITZKI, PAT
Address: 10227 UPTON. PLACE.
City-St-Zip: BLOMMINGTON, MN 55431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FLUEGEL, DON
Address: 1303 SOUTH FRONTAGE RD. # 5
City-St-Zip: HASTINGS, MN 55033

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID LAWRENCE

S

03/30/2009

Electronic Signature of Signing Officer or Director

Date