

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90053 045 \*\*\*\*61.25

<b>DOCUMENT # N03000008992</b> 1. Entity Name <b>BELLAMAR AT BEACHWALK III CONDOMINIUM ASSOCIATION INC.</b>			
Principal Place of Business <b>11030 N KENDALL DR STE 100</b> <b>MIAMI, FL 33176</b>		Mailing Address <b>11030 N KENDALL DR STE 100</b> <b>MIAMI, FL 33176</b>	
Principal Place of Business <b>P.O. Box 212</b> Suite, Apt. #, etc.		Mailing Address <b>P.O. Box 212</b> Suite, Apt. #, etc.	
City & State <b>ESTERO, FL</b> Zip <b>33928</b>		City & State <b>ESTERO, FL</b> Zip <b>33928</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>56-2406877</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>VILLAR, GABRIEL</b> <b>11030 N KENDALL DR STE 100</b> <b>MIAMI, FL 33176</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>CoriAnn Ayers, CAM, CFPM</b> Street Address (P.O. Box Number is not acceptable) <b>18557 IRIS RD.</b> City <b>FT. MYERS</b>	
FL		Zip Code <b>33912</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. SIGNATURE <b>LoriAnn Ayers, CAM, CFPM</b> <b>LoriAnn Ayers, CAM, CFPM</b> <b>2/01/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing 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>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>VILLAR, GABRIEL</b> <b>11030 N KENDALL DR STE 100</b> <b>MIAMI, FL 33176</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>PAT Waibel</b> <b>P.O. Box 212</b> <b>ESTERO, FL 33928-0212</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <b>PALLIN, RAMON</b> <b>11030 N KENDALL DR STE 100</b> <b>MIAMI, FL 33176</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>rick max</b> <b>P.O. Box 212</b> <b>ESTERO, FL 33928-0212</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <b>VASQUEZ, JOHANNY</b> <b>11030 N KENDALL DR STE 100</b> <b>MIAMI, FL 33176</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>MATTHEW NAGLE</b> <b>P.O. Box 212</b> <b>ESTERO, FL 33928-0212</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>DAVID Dido</b> <b>P.O. Box 212</b> <b>ESTERO, FL 33928-0212</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Robert Yokali</b> <b>P.O. Box 212</b> <b>ESTERO, FL 33928-0212</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.			
<b>SIGNATURE:</b>		<b>2-4-05</b> <b>239-267-6669</b> <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			