

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-06-2006 90019 035 ****61.25

| | | | | | |
|--|------------------|---|--|--|--|
| DOCUMENT # N03000008992 1. Entity Name BELLAMAR AT BEACHWALK III CONDOMINIUM ASSOCIATION INC. | | | | | |
| Principal Place of Business P O BOX 212 ESTERO, FL 33928 | | | Mailing Address P O BOX 212 ESTERO, FL 33928 | | |
| 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 56-2406877 | |
| 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 | |
| CORIAN AYERS CAM CFPM 18557 IRIS RD WEST PALM BEACH, FL 33412 | | | | Name <i>Corian Ayers Cam, CFPM</i> Street Address (P.O. Box Number is Not Acceptable) <i>18557 IRIS RD.</i> City <i>ESTERO Ft. Myers FL</i> | |
| 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. | | | | Zip Code <i>33912</i> | |
| SIGNATURE <i>Corian Ayers Cam, CFPM</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | DATE <i>1/10/06</i> | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE | PD | <input type="checkbox"/> Delete | | | |
| NAME | WAIBEL, PAT | | | | |
| STREET ADDRESS | P O BOX 212 | | | | |
| CITY - ST - ZIP | ESTERO, FL 33928 | | | | |
| TITLE | VPD | <input type="checkbox"/> Delete | | | |
| NAME | MAY, RICK | | | | |
| STREET ADDRESS | P O BOX 212 | | | | |
| CITY - ST - ZIP | ESTERO, FL 33928 | | | | |
| TITLE | S | <input type="checkbox"/> Delete | | | |
| NAME | NAGLE, MATTHEW | | | | |
| STREET ADDRESS | P O BOX 212 | | | | |
| CITY - ST - ZIP | ESTERO, FL 33928 | | | | |
| TITLE | T | <input type="checkbox"/> Delete | | | |
| NAME | DIDO, DAVID | | | | |
| STREET ADDRESS | P O BOX 212 | | | | |
| CITY - ST - ZIP | ESTERO, FL 33928 | | | | |
| TITLE | D | <input type="checkbox"/> Delete | | | |
| NAME | YOXALL, ROBERT | | | | |
| STREET ADDRESS | P O BOX 212 | | | | |
| CITY - ST - ZIP | ESTERO, FL 33928 | | | | |
| TITLE | | <input type="checkbox"/> Delete | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | RICK MAX | | | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| 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 like empowered. | | | | | |
| SIGNATURE <i>[Signature]</i> | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date <i>1/13/06</i> | | | | | |
| Daytime Phone # <i>239-489-4862</i> | | | | | |