


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90070 027 *****61.25

DOCUMENT # N03000009350					
1. Entity Name BELLAMAR AT BEACHWALK, IV 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 51-0500715				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
AYERS, LORIANN 18557 IRIS ROAD FT MYERS, FL 33912				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 <i>LoriAnn Ayers CAM CFPM</i> LoriAnn Ayers, CAM CFPM DATE 8/23/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMALL, DELBERT		NAME		
STREET ADDRESS	P.O. BOX 212		STREET ADDRESS		
CITY-ST-ZIP	ESTERO, FL 339280212		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWERS, JULIA		NAME		
STREET ADDRESS	P.O. BOX 212		STREET ADDRESS		
CITY-ST-ZIP	ESTERO, FL 339280212		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUMANS, ELIZABETH		NAME		
STREET ADDRESS	P.O. BOX 212		STREET ADDRESS		
CITY-ST-ZIP	ESTERO, FL 339280212		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, JOSEPH		NAME		
STREET ADDRESS	P.O. BOX 212		STREET ADDRESS		
CITY-ST-ZIP	ESTERO, FL 339280212		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRETT, JAMES		NAME	BRETT	
STREET ADDRESS	P.O. BOX 212		STREET ADDRESS		
CITY-ST-ZIP	ESTERO, FL 339280212		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	LoriAnn Ayers	
STREET ADDRESS			STREET ADDRESS	P.O. Box 212	
CITY-ST-ZIP			CITY-ST-ZIP	Estero, FL 33928	
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.					
SIGNATURE <i>LoriAnn Ayers ASst. Sec.</i> LoriAnn Ayers DATE 8/22/05 DAYTIME PHONE 239-489-486 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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