

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

09-08-2005 90070 028 ****61.25

DOCUMENT # N03000009358

1. Entity Name
BELLAMAR AT BEACHWALK VIII, CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**11030 N. KENDALL DRIVE
SUITE 100
MIAMI, FL 33176**

Mailing Address
**11030 N. KENDALL DRIVE
SUITE 100
MIAMI, FL 33176**

JUU03673



Principal Place of Business
P.O. Box 212

Mailing Address
P.O. Box 212

Suite, Apt. #, etc.

08222005 Chg-NP CR2E037 (10/03)

City & State
ESTERO, FL

City & State
ESTERO, FL

Zip
33928

Country
USA

Zip
33928

Country
USA

4. FEI Number
51-0500649

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**VILLAR, GABRIEL
11030 N. KENDALL DRIVE
SUITE 100
MIAMI, FL 33176**

7. Name and Address of New Registered Agent
**L.A. PROPERTY MANAGEMENT
18557 IRIS RD.
FT. MYERS FL 33912**

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 **Lou Ann Myers, CAM, CFPM** **Lou Ann Myers, CAM, CFPM 8/23/05**

(NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD VILLAR, GABRIEL 11030 N. KENDALL DR SUITE 100 MIAMI, FL 33176 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARY STREAM P.O. Box 212 ESTERO, FL 33928-0212 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VASQUEZ, JOHANNY 11030 N. KENDALL DR SUITE 100 MIAMI, FL 33176 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO Tony Hungerford P.O. Box 212 ESTERO, FL 33928-0212 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PALLIN, RAMON 11030 N. KENDALL DR SUITE 100 MIAMI, FL 33176 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Richard Stanton P.O. Box 212 ESTERO, FL 33928-0212 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARSHA Petrone P.O. Box 212 ESTERO, FL 33928-0212 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Lou Ann Myers P.O. Box 212 ESTERO, FL 33928 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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.

SIGNATURE: **Lou Ann Myers, Asst. Secretary** **8/29/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #