2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2005 8:00 am
Secretary of State
06-29-2005 90001 022 ****61.25

DOCUMENT # N03000009369

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

Principal Place of Business	Mailing Address
~~11030 N. KENDALL DRIVE~~ ~~SUITE 100~~ ~~MIAMI, FL 33176~~	~~11030 N. KENDALL DRIVE~~ ~~SUITE 100~~ ~~MIAMI, FL 33176~~
2. Principal Place of Business P.O. Box 212 Suite, Apt. #, etc.	3. Mailing Address P.O. Box 212 Suite, Apt. #, etc.
City & State ESTERO, FL Zip 33928 Country USA	City & State ESTERO, FL Zip 33928 Country USA

02012005 Chg-NP CR2E037 (10/03)

4. FEI Number
51-0500719
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~VILLAR, GABRIEL~~ ~~11030 N. KENDALL DRIVE~~ ~~SUITE 100~~ ~~MIAMI, FL 33176~~	Name LoriAnn Ayers Street Address (P.O. Box Number is Not Acceptable) 18557 Iris RD. City Ft. Myers FL Zip Code 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 LoriAnn Ayers CAM, CFRM 3/16/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 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 DRIVE SUITE 100 MIAMI, FL 33176	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Joe Buck P.O. Box 212 ESTERO, FL 33928 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD VASQUEZ, JOHANNY 11030 N. KENDALL DRIVE SUITE 100 MIAMI, FL 33176	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Kathleen Toth P.O. Box 212 ESTERO FL 33928 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PALLIN, RAMON 11030 N. KENDALL DRIVE SUITE 100 MIAMI, FL 33176	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Joseph Iosco P.O. Box 212 ESTERO FL 33928 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Karin Cherwick P.O. Box 212 ESTERO, FL 33928 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAyann Bloom P.O. Box 212 ESTERO, FL 33928 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] March 14, 2005 (239) 332-2282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #