


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90042 037 ****61.25

DOCUMENT # N03000009901

1. Entity Name
BELLA BAIA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 1810 GULF SHORE BLVD NORTH
 NAPLES, FL 34102

Mailing Address
 1810 GULF SHORE BLVD NORTH
 NAPLES, FL 34102



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
792 94 AVE N.
 Suite, Apt. #, etc.

03052005 Chg-NP CR2E037 (10/03)

City & State
NAPLES, FL.

Zip Country
34108 USA

4. FEI Number
20-0392826

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
BARNETT, LISA H
821 5TH AVE SOUTH STE 201
NAPLES, FL 34102

7. Name and Address of New Registered Agent
 Name **DAVID PUTNAM**
 Street Address (PO Box Number is Not Acceptable)
610 PUTNAM MGMT.
792 94 AVE N.
 City **NAPLES** FL Zip Code **34108**

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 *David Putnam* **DAVID PUTNAM** DATE **3/12/05**

Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating)

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 SALCE, ANTHONY H JR 1810 GULF SHORE BLVD N NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MALAMPHY, GERALD JR 1810 GULF SHORE BLVD N NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MAZZARELLA, DONALD JR 1810 GULF SHORE BLVD N NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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
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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 *Gerald Malamphy - Gerald Malamphy* DATE **3/14/05** DAYTIME PHONE # **239-304-0991**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #