


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90012 028 \*\*\*\*61.25

<b>DOCUMENT # N03000009901</b>			
1. Entity Name BELLA BAIA CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1810 GULF SHORE BLVD NORTH NAPLES, FL 34102		Mailing Address 792 94 AVE N NAPLES, FL 34108	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 792 94 AVE. N.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State NAPLES, FL.	
Zip	Country	Zip	Country
34108	USA	34108	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PUTMAN, DAVID C/O PUTNAM MGMT 792 94 AVE N NAPLES, FL 34102		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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		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 type="checkbox"/> Delete	TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIGHT, MARK	NAME	
STREET ADDRESS	1205 KIMBALL DR	STREET ADDRESS	
CITY-ST-ZIP	NAPERVILLE, IL 60540	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOOMFIELD, ALAN	NAME	
STREET ADDRESS	1302 DERONE PLACE	STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON, KY 40515	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROST, GREG	NAME	
STREET ADDRESS	509 WASHINGTON TRAIL	STREET ADDRESS	
CITY-ST-ZIP	LIMA, OH 45805	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	
NAME	BARTON, RHODORA	NAME	
STREET ADDRESS	1001 LIBERTY AVE #850	STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH, PA 15222	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRADING, TOM	NAME	STERLING, TOM
STREET ADDRESS	529 KINGSBERRY CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH, PA 15234	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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>B Frost</i>		SIGNATURE: <i>GREG FROST</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>4/26/07</i> 239 2611813	

40108123



04242007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-0392826 Applied For Not Applicable

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