

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90027 026 \*\*\*\*70.00

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<b>DOCUMENT # N03000009980</b> 1. Entity Name <b>THE BELLAGGIO GOURMET CLUB, INC.</b>					
Principal Place of Business <b>6525 BELLAGGIO LAKES BLVD. LAKE WORTH, FL 33467</b>			Mailing Address <b>9735 SANVITTORE ST LAKE WORTH, FL 33467</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>43-2025547</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BERGER, JOAN 9735 SAN VITTORE STREET LAKE WORTH, FL 33467</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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: <u><i>Joan Berger</i></u> <span style="float: right;">DATE</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGER, JOAN 9735 SAN VITTORE STREET LAKE WORTH, FL 33467	<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	D BRANSKY, TERESA 6608 PAVONE LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Carole Fleischer 6899 Eliaño Lake Worth, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERTS, SUSAN 6848 RIENZO STREET LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Judy Hock 9674 San Vittore Lake Worth, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LIEBOWITZ, CHERYL 6560 BOTICELLI LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mary Ellen Abernombie 9579 San Vittore Lake Worth, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAUB, SUSAN 6758 RIENZO STREET LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Joan Chail 9687 San Vittore Lake Worth, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Vivian Burr 6737 Rienzo Lake Worth, FL 33467
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: <u><i>Joan Berger</i></u> <b>JOAN BERGER</b>			Date <u>01-10-2005</u> Daytime Phone # <u>561-952-3640</u>		