

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001621

FILED
Jul 03, 2005
Secretary of State

Entity Name: THE BELLAGGIO TRAVEL CLUB INC.

Current Principal Place of Business:

6525 BELLAGGIO LAKE BLVD.
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

6525 BELLAGGIO LAKE BLVD.
LAKE WORTH, FL 33467

New Mailing Address:

9842 DONATO WAY
LAKE WORTH, FL 33467

FEI Number: 73-1690830 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

METSKI, LORRAINE
9444 PALESTRO STREET
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEVIN, PHYLLIS
Address: 9842 DONATO WAY
City-St-Zip: LAKE WORTH, FL 33467

Title: VPD () Delete
Name: ELGAMIL, LORNA
Address: 9902 MANTOVA DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: TD () Delete
Name: METSKI, LORRAINE
Address: 9444 PALESTRO STREET
City-St-Zip: LAKE WORTH, FL 33467

Title: TD () Delete
Name: DINOWITZ, CINDY
Address: 9568 POSITANO STREET
City-St-Zip: LAKE WORTH, FL 33467

Title: SD () Delete
Name: ASHER, ELEANOR
Address: 6585 MURANO DRIVE
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: LEZBERG, AMY
Address: 6831 RIENZO DR.
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHYLLIS LEVIN

PD

07/03/2005

Electronic Signature of Signing Officer or Director

Date