2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001621

Entity Name: THE BELLAGGIO TRAVEL CLUB INC.

FILED Feb 26, 2008 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
	AGGIO LAKE B RTH, FL 33467	LVD.					
Current Mailing Address:				New Mailing Address:			
9842 DONATO WAY LAKE WORTH, FL 33467				9902 MANTOVA DRIVE LAKE WORTH, FL 33467			
FEI Number:	73-1690830	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Nam					ame and Address of New Registered Agent:		
LEZBERG, 6831 RIENZ LAKE WOR		US					
The above in the State	named entity su of Florida.	ıbmits this statement for the pu	ırpose o	f changing it	s registere	d office or registered agent, or both,	
SIGNATURE:							
Electronic Signature of Registered Agent						Date	
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGI	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () E LEVIN, PHYLIS 9842 DONATO W LAKE WORTH, F			Title: Name: Address: City-St-Zip:	PD LORRAINE, 9720 SAN V LAKE WOR		
Title: Name: Address: City-St-Zip:	VPD () E ELGAMIL, LORN 9902 MANTOVA I LAKE WORTH, F	DRIVE		Title: Name: Address: City-St-Zip:	PD ELGAMIL, L 9902 MANT LAKE WOR		
Title: Name: Address: City-St-Zip:	TD () E LEZBERG, ARNO 6831 RIENZO DE LAKE WORTH, F	RIVE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () E LEZBERG, AMY 6831 RIENZO DE LAKE WORTH, F			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	()[Delete		Title: Name: Address: City-St-Zip:	6867 PASSI	() Change (X) Addition TER, PAUL DR ERO TH, FL 33467	
Title: Name: Address: City-St-Zip:	()[Delete		Title: Name: Address: City-St-Zip:	VP RUBIN, AL 9444 PALES LAKE WOR	() Change (X) Addition STRO TH, FL 33467	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LORNA ELGAMIL PD 02/26/2008