## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000001621

Entity Name: THE BELLAGGIO TRAVEL CLUB INC.

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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6525 BELLAGGIO LAKE BLVD. LAKE WORTH, FL 33467

Current Mailing Address: New Mailing Address:

9902 MANTOVA DRIVE LAKE WORTH, FL 33467

FEI Number: 73-1690830 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEZBERG, ARNOLD
6831 RIENZO DRIVE
LAKE WORTH, FL 33467 US
ELGAMIL, LORNA
9902 MANTOVA DRIVE
LAKE WORTH, FL 33467 US

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: LORNA ELGAMIL 04/15/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

RUBIN. AL

9444 PALESTRO

LAKE WORTH, FL 33467

Name:

Address:

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

LEVIN. PHYLLIS

9842 DONATO WAY

LAKE WORTH, FL 33467

() Delete () Change () Addition LORRAINE, METSKI Name: Name: 9720 SAN VITTORE Address: Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: Title: PD ( ) Delete Title: () Change () Addition Name: ELGAMIL, LORNA Name: Address: 9902 MANTOVA DRIVE Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition LEZBERG, ARNOLD Name: METSKI, LORRAINE Name: 6831 RIENZO DRIVE 6831 RIENZO DRIVE Address: Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: LAKE WORTH, FL 33467 Title: SD ( ) Delete Title: SD (X) Change ( ) Addition ZEBROWER, DANIELLE Name: LEZBERG, AMY Name: Address: 6831 RIENZO DR. Address: 9451 CASERTA City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: LAKE WORTH, FL 33467 Title: ( ) Delete Title: () Change () Addition PEARLMUTTER, PAUL DR Name: Name: 6867 PASSERO Address: Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition

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

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.

Name:

Address:

City-St-Zip:

SIGNATURE: LORNA ELGAMIL PD 04/15/2009