

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009971

FILED
Mar 22, 2006
Secretary of State

Entity Name: BELLASOL CONDOMINIUM 1 ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 20-1861963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 327795044 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: D () Delete
Name: PALLIN, RAMON
Address: 11030 N KENDALL DR SUITE 100
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: CASQUEZ, JOHANNY
Address: 11030 N KENDALL DR SUITE 100
City-St-Zip: MIAMI, FL 33176

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEFKOWITZ, ELIJAH
Address: 4104 BELLASOL CIR #1311
City-St-Zip: FORT MYERS, FL 33916

Title: SD (X) Change () Addition
Name: DEZERN, JEREMY
Address: 4104 BELLASOL CIR #1321
City-St-Zip: FORT MYERS, FL 33916

Title: TD () Change (X) Addition
Name: HIRTER, JENNIFER
Address: 4104 BELLASOL CIR #1322
City-St-Zip: FORT MYERS, FL 33916

I hereby certify that the information supplied with this filing does not qualify for the 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: ELIJAH LEFKOWITZ

PD

03/22/2006

Electronic Signature of Signing Officer or Director

Date