

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 14 PM 3:34

DOCUMENT # N04000009971 1. Entity Name BELLASOL CONDOMINIUM 1 ASSOCIATION, INC. <i>W08000012715</i>			
Principal Place of Business 4104 BELLASOL CIR #1311 FORT MYERS, FL 33916		Mailing Address 4104 BELLASOL CIR #1311 FORT MYERS, FL 33916	
2. Principal Place of Business - No P.O. Box # c/o L.A. Property Management 18557 Iris Rd		3. Mailing Address P.O. Box 212	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State FT. MYERS, FL		City & State ESTERO, FL	
Zip 33967		Zip 33928	
Country USA		Country USA	
6. Name and Address of Current Registered Agent		4. FEI Number 20-1861963	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent		02102008 REIN-NP CR2E099 (1/07) 07-08	
		Name LoriAnn Newberry	
		Street Address (P.O. Box Number is Not Acceptable) c/o L.A. Property Management 18557 Iris Rd.	
		City FT. MYERS	
		State FL	
		Zip Code 33967	
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 <i>LoriAnn Newberry</i> LoriAnn Newberry 2-10-08 <small>(Signature/typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.) DATE</small>			
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEFKOWITZ, ELIJAH 4104 BELLASOL CIR #1311 FORT MYERS, FL 33916	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jeffrey Hessler P.O. Box 212 ESTERO, FL 33928
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEZERN, JEREMY 4104 BELLASOL CIR #1321 FORT MYERS, FL 33916	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Elaine McBryde P.O. Box 212 ESTERO, FL 33928
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HIRTER, JENNIFER 4104 BELLASOL CIR #1322 FORT MYERS, FL 33916	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRACE ALARCON P.O. Box 212 ESTERO, FL 33928
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LoriAnn Newberry P.O. Box 212 ESTERO, FL 33928-0212
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>LoriAnn Newberry</i> LoriAnn Newberry 2-10-08 235-459-4863 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

5/20/08