

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009971

FILED
Jan 14, 2009
Secretary of State

Entity Name: BELLASOL CONDOMINIUM 1 ASSOCIATION, INC.

Current Principal Place of Business:

C/O LA PROPERTY MANAGEMENT
18557 IRIS RD
FT. MYERS, FL 33928

New Principal Place of Business:

C/O LA PROPERTY MANAGEMENT
18016 LAUREL VALLEY RD.
FT. MYERS, FL 33967

Current Mailing Address:

P.O.BOX 212
ESTERO, FL 33928

New Mailing Address:

P.O.BOX 212
ESTERO, FL 33929-212

FEI Number: 20-1861963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWBERRY, LORIANN
C/O LA PROPERTY MANAGEMENT
18557 IRIS RD
FT. MYERS, FL 33928 US

Name and Address of New Registered Agent:

L. A. PROPERTY MANAGEMENT
18016 LAUREL VALLEY RD.
FT. MYERS, FL 33967 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: LORIANN NEWBERRY

01/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOSSLER, JEFFREY
Address: P.O.BOX 212
City-St-Zip: ESTERO, FL 33928

Title: SD () Delete
Name: MCBRYDE, ELAINE
Address: P.O.BOX 212
City-St-Zip: ESTERO, FL 33928

Title: TD () Delete
Name: ALARCOM, GRACE
Address: P.O.BOX 212
City-St-Zip: ESTERO, FL 33928

Title: AS () Delete
Name: NEWBERRY, LORIANN
Address: P.O.BOX 212
City-St-Zip: ESTERO, FL 339280212

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOSSLER, JEFFREY
Address: P.O.BOX 212
City-St-Zip: ESTERO, FL 33929-212

Title: SD (X) Change () Addition
Name: MCBRYDE, ELAINE
Address: P.O.BOX 212
City-St-Zip: ESTERO, FL 33929-212

Title: TD (X) Change () Addition
Name: ALARCOM, GRACE
Address: P.O.BOX 212
City-St-Zip: ESTERO, FL 33929-212

Title: AS (X) Change () Addition
Name: NEWBERRY, LORIANN
Address: P.O.BOX 212
City-St-Zip: ESTERO, FL 33929-212

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: LORIANN NEWBERRY

AS

01/14/2009

Electronic Signature of Signing Officer or Director

Date