


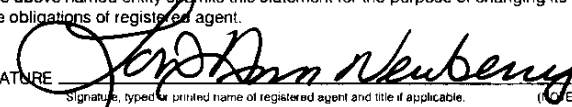
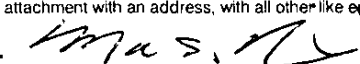
# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2007 NOV 13 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # N04000009972			
1. Entity Name BELLASOL COMMUNITY ASSOCIATION, INC.			
Principal Place of Business 11030 N KENDALL DR SUITE 100 MIAMI, FL 33176		Mailing Address 11030 N KENDALL DR SUITE 100 MIAMI, FL 33176	
2. Principal Place of Business - No P.O. Box # 18557 Iris Rd.		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		7. Name and Address of New Registered Agent	
		Name CORIANN Newberry	
		Street Address (P.O. Box Number is Not Acceptable) 18557 Iris Rd.	
		City Ft. Myers	
		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 		100110862861 11/21/07--0149--0000 *183.75	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		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 PALLIN, RAMON 11030 N KENDALL DR SUITE 100 MIAMI, FL 33176 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO Jeffrey Hossler <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. Box 212 ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VASQUEZ, JOHANNY 11030 N KENDALL DR SUITE 100 MIAMI, FL 33176 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO MIKE McNAMARA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. Box 212 ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VILLAR, GABRIEL 11030 N KENDALL DR STE 100 MIAMI, FL 33176 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ELIJAH LEFTOWITZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. Box 212 ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARK MIKOVICH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. Box 212 ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rebecca Pearson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. Box 212 ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100110862861 10/16/07--01054--025 *\$61.25
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: 		3-18-07 275 8503	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

239-489-4863

11/10