2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009972

Entity Name: BELLASOL COMMUNITY ASSOCIATION, INC.

FILED Jaņ 15, 2<u>00</u>9 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

18557 IRIS RD. 18016 LAUREL VALLEY RD. FT. MYERS, FL 33967 FT. MYERS, FL 33967

Current Mailing Address: New Mailing Address:

18557 IRIS RD P.O. BOX 212

FT. MYERS, FL 33967 ESTERO, FL 33929-212

FEI Number: 20-1861895 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:

NEWBERRY, LORIANN NEWBERRY, LORIANN 18016 LAURÉL VALLEY RD 18557 IRIS RD.

FT. MYERS, FL 33967 US FT. MYERS, FL 33967

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 01/15/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

HOSSLER, JEFFREY HOSSLER, JEFFREY Name: Name: P.O.BOX 212 Address: P.O.BOX 212 Address: City-St-Zip: ESTERO, FL 33928 City-St-Zip: ESTERO, FL 33929

Title: TD Title: VD () Delete (X) Change () Addition

PARRINO, SES Name: PARRINO, SAL Name: Address: P.O. BOX 212 Address: P.O. BOX 212 City-St-Zip: ESTERO, FL 339280212 City-St-Zip: ESTERO, FL 33929

Title: () Delete Title: TD (X) Change () Addition DIPALMA, ROBERT PARIS, MICHAEL Name: Name:

Address: P.O.BOX 212 Address: P.O.BOX 212 City-St-Zip: ESTERO, FL 33928 City-St-Zip: ESTERO, FL 33929

Title: VΡ () Delete Title: (X) Change () Addition

Name: MIKOVICH, MARK Name: MIKOVICH, MARK Address: P.O.BOX 212 Address: P.O.BOX 212 City-St-Zip: ESTERO, FL 33928 City-St-Zip: ESTERO, FL 33929

Title: () Delete Title: (X) Change () Addition

PEARSON, REBECCA SULZBACH, PETER Name: Name: P.O.BOX 212 Address: Address: P.O.BOX 212 City-St-Zip: ESTERO, FL 33928 City-St-Zip: ESTERO, FL 33929

Title: () Delete Title: () Change (X) Addition

NEWBERRY, LORIANN Name: Name: Address: Address: P.O. BOX 212 ESTERO', FL 33929 City-St-Zip: City-St-Zip:

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 01/15/2009