

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2007 NOV 27 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11-29-07



REINSTATEMENT 07

DOCUMENT # N04000009973 1. Entity Name BELLASOL CONDOMINIUM 7 ASSOCIATION, INC.					
Principal Place of Business PO BOX 212 ESTERO, FL 33928			Mailing Address PO BOX 212 ESTERO, FL 33928		
2. Principal Place of Business - No P.O. Box # 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		4. FEI Number 65-1236292	
Zip 33967		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEWBERRY, LORIANN 18557 IRIS RD FT MYERS, FL 33912			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 MIKOVICH, MARK PO BOX 212 ESTERO, FL 339280212	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAREITH, DONALD PO BOX 212 ESTERO, FL 339280212	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COMMONS, EILEEN PO BOX 212 ESTERO, FL 339280212	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Debbie Mikovich P.O. Box 212 ESTERO, FL 33928	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Michele Turek P.O. Box 212 ESTERO, FL 33928	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700110863147 10/16/07--01056--001 **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700110863147 11/30/07--01012--017 **\$83.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700110863147 11/30/07--01012--017 **\$83.75	<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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 3-18-07 239-459-4862					