

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2007 NOV 13 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10/16/07 01056 002 61.25
02142007 Chg-NP CR2E037 (12/06) 07

| | | | |
|--|--|---|---|
| DOCUMENT # N04000010425 1. Entity Name BELLASOL CONDOMINIUM 6 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. Suite, Apt. #, etc. | | 3. Mailing Address P.O. Box 212 Suite, Apt. #, etc. | |
| City & State FT. MYERS, FL Zip 33967 | | City & State ESTERO, FL Zip 33928-0212 | |
| 4. FEI Number 20-3871475 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| Name Lori Ann Newberry Street Address (P.O. Box Number is Not Acceptable) CIA Property Management, Inc. 18557 IRIS RD. City FT. MYERS | | Name Lori Ann Newberry Street Address (P.O. Box Number is Not Acceptable) CIA Property Management, Inc. 18557 IRIS RD. City FT. MYERS | |
| State FL | | Zip 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 <u><i>Lori Ann Newberry</i></u> Lori Ann Newberry <u>3/31/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 | D PALLIN, RAMON 11030 N. KENDALL DRIVE, SUITE 100 MIAMI, FL 33176 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DD Jeffrey R. Hossler P.O. Box 212 ESTERO, FL 33928 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VASQUEZ, JOHANNY 11030 N. KENDALL DRIVE, SUITE 100 MIAMI, FL 33176 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD Diane Carey P.O. Box 212 ESTERO, FL 33928 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VILLAR, GABRIEL 11030 N KENDALL DR STE 100 MIAMI, FL 33176 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS Lori Ann Newberry 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 |
| 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 |
| 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 |
| 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 |
| 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 <u><i>Lori Ann Newberry</i></u> Lori Ann Newberry <u>3/31/07</u> <u>239-489-4863</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | |

11/19/00