

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000010426

1. Entity Name
BELLASOL CONDOMINIUM 5 ASSOCIATION, INC.



FILED

08 JUL -8 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2180 W. SR 434
SUITE 5000
LONGWOOD, FL 32779-5044

Mailing Address

2180 W. SR 434
SUITE 5000
LONGWOOD, FL 32779-5044

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.

02102008 REIN-NP

CR2E099 (1/07)



City & State

FT. MYERS, FL

City & State

ESTERO, FL

4. FEI Number

56-2504928

Applied For

Not Applicable

Zip

33967

Country

USA

Zip

33428

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

LoriAnn Newberry

Street Address (P.O. Box number is Not Acceptable)

c/o L.A. Property Management

18557 Iris Rd.

City

FT. MYERS, FL

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

LoriAnn Newberry

2-10-08

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BOSCH, RONALD	
STREET ADDRESS	2323 OLD MILL RD	
CITY - ST - ZIP	PLAINFIELD, IL 60586	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BOSCH, NOREEN	
STREET ADDRESS	2323 OLD MILL RD	
CITY - ST - ZIP	PLAINFIELD, IL 60586	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CAREY, DIANE	
STREET ADDRESS	2323 OLD MILL RD	
CITY - ST - ZIP	PLAINFIELD, IL 60586	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Dipalma	
STREET ADDRESS	P.O. Box 212, Estero, FL	
CITY - ST - ZIP	33428	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Register	
STREET ADDRESS	P.O. Box 212	
CITY - ST - ZIP	Estero, FL 33428-0212	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LoriAnn Newberry	
STREET ADDRESS	P.O. Box 212	
CITY - ST - ZIP	Estero, FL 33428-0212	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

LoriAnn Newberry

2-10-08 239-489-4862

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #