

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N04000010429</b> 1. Entity Name BELLASOL CONDOMINIUM 3 ASSOCIATION, INC.				FILED 07 NOV 27 AM 9:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 4199 BELLASOL CIR #614 FT. MYERS, FL 33916		Mailing Address 4199 BELLASOL CIR #614 FT. MYERS, FL 33916			
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 56-2504927	
Zip 33967		Country USA		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
Name CoriAnn Newberry		Name CoriAnn Newberry			
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)			
18557 Iris RD.		18557 Iris RD.			
City Ft. Myers		City Ft. Myers		State FL	
Zip Code 33967		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 				DATE 3/1/07	
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 PD	NAME PARRINO, SALVATORE	<input type="checkbox"/> Delete	TITLE PD	NAME Salvatore Parrino	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4199 BELLASOL CIR #614	STREET ADDRESS P.O. Box 212				
CITY-ST-ZIP FT MYERS, FL 33916	CITY-ST-ZIP ESTERO, FL 33928				
TITLE TD	NAME WHELAN, VIRGINIA	<input type="checkbox"/> Delete	TITLE TD	NAME Virginia Whelan	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 342 40TH ST S	STREET ADDRESS P.O. Box 212				
CITY-ST-ZIP BRIGANTINE, NJ 08203	CITY-ST-ZIP ESTERO, FL 33928				
TITLE [Blank]	NAME [Blank]	<input type="checkbox"/> Delete	TITLE SD	NAME Jacqueline Cole-Wehrh	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS [Blank]	STREET ADDRESS P.O. Box 212				
CITY-ST-ZIP [Blank]	CITY-ST-ZIP ESTERO, FL 33928				
TITLE [Blank]	NAME [Blank]	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS [Blank]	STREET ADDRESS [Blank]				
CITY-ST-ZIP [Blank]	CITY-ST-ZIP [Blank]				
TITLE [Blank]	NAME [Blank]	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS [Blank]	STREET ADDRESS [Blank]				
CITY-ST-ZIP [Blank]	CITY-ST-ZIP [Blank]				
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: 			04/09/07 239-489-4863		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		