2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT

May 12, 2008 8:00 am Secretary of State **DOCUMENT # N04000010431** 05-12-2008 90028 041 ****61.25 BELLASOL CONDOMINIUM 2 ASSOCIATION, INC. Principal Place of Business Mailing Address 18557 IRIS RD P.O. BOX 212 FT MYERS, FL 33967 ESTERO, FL 33928 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02102008 Chg-NP CR2E037 (12/06) Applied For 4. FEI Number 56-2504924 City & State City & State Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NEWBERRY, LORIANN 1993 Street Address (P.O. Box Number is Not Acceptable) 18557 IRIS RD FT MYERS, FL 33967 City Zip Code 8. The above named entity subp 19 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 registere Linidan Newberry SIGNATURE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Detete MUE TITLE ☐ Change ☐ Addition PEARSON, REBECCA NAME NAME P.O. BOX 212 STREET ADDRESS STREET ADDRESS C1TY-S1-71P ESTERO, FL 339280212 CITY-S1-ZIP ☐ Delete THIS ☐ Change ■ Addition SULZBACH, ELAIN NAME P.O. BOX 212 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ESTERO, FL 339280212 CITY-ST-ZIP ☐ Delete KITTLE-RUCKER, ALEXIS NAME NAME P.O. BOX 212 STREET ADDRESS STREET ADDRESS 33928 CITY-ST-ZIP ESTERO, FL 339280212 CITY-ST-ZIP vi pho wavery ☐ Delete TELE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITE F IM F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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 receipt for 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 attackment with an address, with all other like empowered.

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CITY-ST-ZIP

SIGNATURÉ: