
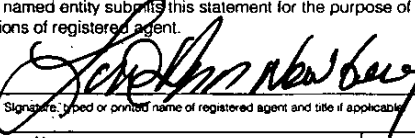
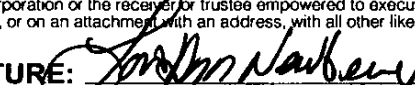


FILED
May 12, 2008 8:00 am
Secretary of State

DOCUMENT # N04000010431			
1. Entity Name BELLASOL CONDOMINIUM 2 ASSOCIATION, INC.			
Principal Place of Business 18557 IRIS RD FT MYERS, FL 33967		Mailing Address P.O. BOX 212 ESTERO, FL 33928	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
NEWBERRY, LORIANN 18557 IRIS RD FT MYERS, FL 33967			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE  <small>(Signature, typed or printed name of registered agent and title if applicable)</small>		Lorin Ann Newberry <small>(NOTE: Registered Agent signature required)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PEARSON, REBECCA P.O. BOX 212 ESTERO, FL 339280212	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SULZBACH, ELAIN P.O. BOX 212 ESTERO, FL 339280212	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KITTLE-RUCKER, ALEXIS P.O. BOX 212 ESTERO, FL 339280212	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
11.			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 610, F.S., changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>		Lorin Ann Newberry	