2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N05000000366

1. Entity Name

FILED Mar 22, 2007 8:00 am Secretary of State 03-22-2007 90011 038 ****61.25

BELLA VITA AT PALMIRA GOLF AND COUNTRY CLUB NEIGHBORHOOD ASSOCIATION, INC.										
Principal Place of Business 28341 SOUTHTAMIAMI TRAIL SUITE 4 BONITA SPRINGS, FL 34134		283 SUIT	Mailing Address 28341 SOUTH TAMIAMI TRAIL SUITE 4 BONITA SPRINGS, FL 34134				27287		1 (1)(8 b)((8 b)	
			Mailing Address							
Suite, Apt. #, etc.		Si	220 18 (13 1 VC) Suite, Apl. #, etc. Suite 1			02122007 _{Cr}	ıg-NP	CR2E037	(12/06)	
			City & State			4. FEI Number 20-378596	 9		<u> </u>	plied For t Applicable
Zip	Country	2 ₁₁		Country		5. Certificate of Sta	alus Desired		8.75 Add	itional
	6. Name and Address of Curr					7. Name and Add	ress of New R		,	
CT CORPORATION SYSTEM % CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Name (dress (F	L May P.O. Box Number is N	MCL n		Seri	nces
PLANTATI	ON, FL 33324			City	<u>ite</u>	1		FL	Zip Cpde	°^0
8. The above	named entity submits this stateme ions of registered agent.	gistered office or	register	ed agent, or both, in	the State of Flo		miliar with,	and accept		
ine obligat	ions or registerett agent.		*		`	\wedge				
SIGNATURE .	Signature, typed or project name of registered a	ayent and title if app	phoable (NOTE R	egistered Agent (ghatu	nd re renodu	when reins (Ing)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution.						
	_ ·r					\$5.00 May Be Added to Fees		ake check ida Departn	_	
10.	Due by May 1, 2007 OFFICERS AND) DIRECTORS	Trust Fund Cor		⊔ —-—	\$5.00 May Be Added to Fees	Flor	ida Departn	nent of St	ate
10. THE NAME	Due by May 1, 2007) DIRECTORS	Trust Fund Cor	ntribution. [⊔ —-—	Added to Fees	Flor	ida Departn RS AND DIRE	nent of St	ate
TIFLE	OFFICERS AND		Trust Fund Cor	11.	⊔ —-—	Added to Fees	Flor	ida Departn RS AND DIRE	nent of St	10
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Theraby certify that the information supplied with this liting does not quality 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 true fee 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:

3-20-07