

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

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N05000012904

1. Entity Name  
BELLA MAR OF SIESTA KEY CONDOMINIUM  
ASSOCIATION, INC.



Principal Place of Business  
4960 COMMONWEALTH DRIVE  
SARASOTA, FL 34239

Mailing Address  
4960 COMMONWEALTH DRIVE  
SARASOTA, FL 34239



01082007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-4000641	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

BERLIN LAW FIRM, PA  
1819 MAIN STREET  
SUITE 302  
SARASOTA, FL 34236

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	LLOYD, W. SCOT
STREET ADDRESS	4960 COMMONWEALTH DRIVE
CITY - ST - ZIP	SARASOTA, FL 34239

TITLE	D
NAME	BERLIN, EVAN
STREET ADDRESS	1819 MAIN STREET, SUITE 302
CITY - ST - ZIP	SARASOTA, FL 34236

TITLE	D
NAME	SWETT, SUSAN
STREET ADDRESS	1819 MAIN STREET, SUITE 302
CITY - ST - ZIP	SARASOTA, FL 34236

TITLE	SD
NAME	LLOYD, TAMMY
STREET ADDRESS	4960 COMMONWEALTH DRIVE
CITY - ST - ZIP	SARASOTA, FL 34242

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000593190  
01/22/07-80021-019 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #