


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90097 012 ****61.25

DOCUMENT # N06000002438

1. Entity Name
 BELLAGIO GARDENS CONDOMINIUM ASSOCIATION INC.



Principal Place of Business
 4803 SKYLINE BLVD
 CAPE CORAL, FL 33914

Mailing Address
 4803 SKYLINE BLVD
 CAPE CORAL, FL 33914



2. Principal Place of Business - No P.O. Box #
 % American Condo Mgmt
 Suite, Apt. #, etc.
 615 Cape Coral Pkwy W, #103
 City & State
 CAPE CORAL, FL

3. Mailing Address
 % American Condo Mgmt
 Suite, Apt. #, etc.
 PO Box 100399
 City & State
 CAPE CORAL, FL

05012007 Chg-NP CR2E037 (12/06)

Zip
 33914 Country

Zip
 33910 Country

4. FEI Number
 11-3780218

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75-Additional Fee Required

6. Name and Address of Current Registered Agent
 MELANSON, MOELLE M ESQ
 12800 UNIVERSITY DR SUITE 260
 FT MYERS, FL 33907

7. Name and Address of New Registered Agent
 Name
 SUSAN KASE, CAM
 Street Address (P.O. Box Number is Not Acceptable)
 % AMERICAN CONDO MGMT
 615 Cape Coral Pkwy W, #103
 City
 CAPE CORAL FL Zip Code
 33914

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 Susan Kase SUSAN KASE DATE 4/30/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CLARKE, WILLIAM J JR	
STREET ADDRESS	4803 SKYLINE BLVD	
CITY - ST - ZIP	CAPE CORAL, FL 33914	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARKE, RITA	
STREET ADDRESS	4803 SKYLINE BLVD	
CITY - ST - ZIP	CAPE CORAL, FL 33914	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERNGARD, LIBBY A ESQ	
STREET ADDRESS	4803 SKYLINE BLVD	
CITY - ST - ZIP	CAPE CORAL, FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: Rita Clarke RITA CLARKE, Director DATE 4/30/07 239-562-4404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #