
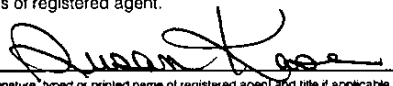
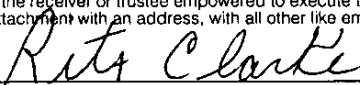


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 Zip 33914		3. Mailing Address % American Condo Mgmt Suite, Apt. #, etc. PO Box 100399 City & State CAPE CORAL, FL Zip 33910	
4. FEI Number 11-3780218		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 		SIGNATURE Susan Kase	
(NOTE: Registered Agent signature required when reinstating)		DATE 4/30/07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLARKE, WILLIAM J JR 4803 SKYLINE BLVD CAPE CORAL, FL 33914	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLARKE, RITA 4803 SKYLINE BLVD CAPE CORAL, FL 33914	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BERNGARD, LIBBY A ESQ 4803 SKYLINE BLVD CAPE CORAL, FL 33914	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D 	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D 	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D 	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D 	<input type="checkbox"/> Delete	
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		RITA CLARKE, Director	
Date		4/30/07	
Daytime Phone #		239-562-4400	