## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000002438

FILED Apr 30, 2008 Secretary of State

Entity Name: BELLAGIO GARDENS CONDOMINIUM ASSOCIATION INC.

**Current Principal Place of Business: New Principal Place of Business:** C/O AMERICAN CONDO MGMT 615 CAPE CORAL PKWY #103 CAPE CORAL, FL 33914 **New Mailing Address: Current Mailing Address:** C/O AMERICAN CONDO MGMT 615 CAPE CORAL PKWY #103 CAPE CORAL, FL 33910 FEI Number: 11-3780218 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KASE, SUSAN CAM C/O AMERICAN CONDO MGMT 615 CAPE CORAL PKWY W #103 CAPE CORAL, FL 33914 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CLARKE, WILLIAM J JR Name: Name: 4803 SKYLINE BLVD Address: Address: City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip: Title: Title: () Delete () Change () Addition Name: CLARKE, RITA Name: Address: 4803 SKYLINE BLVD Address: City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip: Title: () Delete Title: () Change () Addition BERNGARD, LIBBY A ESQ Name: Name: Address: 4803 SKYLINE BLVD Address: City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip: Title: ( ) Delete Title: PD ( ) Change (X) Addition CHRISTIANO, CHRIS Name: Name: Address: Address: 4830 SW 25TH COURT City-St-Zip: City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS CHRISTIANO PRES 04/30/2008