

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002438

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: BELLAGIO GARDENS CONDOMINIUM ASSOCIATION INC.

**Current Principal Place of Business:**

C/O AMERICAN CONDO MGMT  
615 CAPE CORAL PKWY #103  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

C/O AMERICAN CONDO MGMT  
615 CAPE CORAL PKWY #103  
CAPE CORAL, FL 33910

**New Mailing Address:**

FEI Number: 11-3780218      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KASE, SUSAN CAM  
C/O AMERICAN CONDO MGMT  
615 CAPE CORAL PKWY W #103  
CAPE CORAL, FL 33914 US

**Name and Address of New Registered Agent:**

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:**

Title: D ( ) Delete  
Name: CLARKE, WILLIAM J JR  
Address: 4803 SKYLINE BLVD  
City-St-Zip: CAPE CORAL, FL 33914

Title: D (X) Delete  
Name: CLARKE, RITA  
Address: 4803 SKYLINE BLVD  
City-St-Zip: CAPE CORAL, FL 33914

Title: D ( ) Delete  
Name: BERNGARD, LIBBY A ESQ  
Address: 4803 SKYLINE BLVD  
City-St-Zip: CAPE CORAL, FL 33914

Title: PD ( ) Delete  
Name: CHRISTIANO, CHRIS  
Address: 4830 SW 25TH COURT  
City-St-Zip: CAPE CORAL, FL 33914

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: HELMLINGER, LARRY  
Address: 2145 WEST LAKEVIEW BLVE  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: BERNGARD, LIBBY A ESQ  
Address: 4803 SKYLINE BLVD  
City-St-Zip: CAPE CORAL, FL 33914

Title: P (X) Change ( ) Addition  
Name: CHRISTIANO, CHRIS  
Address: 4830 SW 25TH COURT  
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

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date