## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000003147

FILED Feb 04, 2008 Secretary of State

Entity Name: BELLA MARGUERITE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3805 GULF BLVD.

ST. PETE BEACH, FL 33706

Current Mailing Address: New Mailing Address:

4326 20TH STREET NORTH P.O. BOX 14357

ST. PETERSBURG, FL 33714 CLEARWATER, FL 33766

FEI Number: 20-4524237 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

HOPPE, HELEN E

4326 20TH STREET NORTH

ST. PETERSBURG, FL 33714 US

AMERI-TECH REALTY, INC.

1799-B NORTH BELCHER ROAD

CLEARWATER, FL 33765 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: MICHAEL G PEREZ, PRESIDENT 02/04/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition Name: DAGOSTINO, FRANK Name: MASO, DAVID

 Address:
 20001 GULF BLVD., SUITE 5
 Address:
 3805 GULF BLVD #203

 City-St-Zip:
 INDIAN SHORES, FL 33785
 City-St-Zip:
 ST PETE BEACH, FL 33706

Title: VD ( ) Delete Title: VPD (X) Change ( ) Addition Name: LYONS, ROBERT E Name: VILLANI, CARMINE

 Name:
 Victoria, Nobert E

 Address:
 20001 GULF BLVD., SUITE 5
 Address:
 3805 GULF BLVD #504

 City-St-Zip:
 INDIAN SHORES, FL 33785
 City-St-Zip:
 ST PETE BEACH, FL 33706

 $\label{eq:title:Title:TD} \textit{Title:} \qquad \textit{TD} \qquad \textit{(X) Change () Addition}$ 

 Name:
 GIGLIO, RON
 Name:
 ROSSI, JAMES

 Address:
 20001 GULF BLVD., SUITE 5
 Address:
 3805 GULF BLVD #401

 City-St-Zip:
 INDIAN SHORES, FL 33785
 City-St-Zip:
 ST PETE BEACH, FL 33706

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: DAVID MASO PD 02/04/2008