2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000006691

1. Entity Name
BELLASOL WATERFRONT VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
451 APOLLO BEACH BLVD APOLLO BEACH, FL 33572	451 APOLLO BEACH BLVD APOLLO BEACH, FL 33572

DO NOT WRITE IN THIS SPACE

05012008 No Chg-NP CR2E037 (4/06)

4. FEI Number
37-1534298

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RUSS, DAN
451 APOLLO BEACH BLVD
APOLLO BEACH, FL 33572

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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 _____ DATE
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, 2008

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

UD000094724O
06/02/08-80006-015 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RUSS, DAN
STREET ADDRESS	451 APOLLO BEACH BLVD
CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	VSTD
NAME	EKLO, MARK
STREET ADDRESS	451 APOLLO BEACH BLVD
CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 empowerment.

SIGNATURE: _____ 4-28-07 239-275-8320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #