

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007195

FILED
Apr 23, 2009
Secretary of State

Entity Name: THE DRY SLIPS AT BELLAGIO HARBOR VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

570 BLACKBURN POINT ROAD
OSPREY, FL 34229

New Principal Place of Business:

Current Mailing Address:

14001 BELLAGIO WAY
OSPREY, FL 34229

New Mailing Address:

FEI Number: 20-5123325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOOLEY, DWIGHT
3308 FOUNDERS CLUB DRIVE
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

COASTAL LIVING REAL ESTATE & PROP. MGMT.
14001 BELLAGIO WAY
OSPREY, FL 34229 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: KAREN WILLIAMS

04/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: DOOLEY, DWIGHT
Address: 3308 FOUNDERS CLUB DRIVE
City-St-Zip: SARASOTA, FL 34240

Title: SEC () Delete
Name: MANGIE, JIM
Address: 1810 N. LAKESHORE DR
City-St-Zip: SARASOTA, FL 34231

Title: VP () Delete
Name: NOURIE, BRUCE
Address: 6515 MOORINGS PT. CIR. #102
City-St-Zip: BRADENTON, FL 34202

Title: DIR () Delete
Name: LEFEVRE, TOM
Address: 14001 BELLAGIO WAY
City-St-Zip: OSPREY, FL 34229

Title: TRES () Delete
Name: BABEL, DAVE
Address: 14001 BELLAGIO WAY
City-St-Zip: OSPREY, FL 34229

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SEC (X) Change () Addition
Name: SAFF, CALLIE
Address: 6004 38TH AVE E
City-St-Zip: BRADENTON, FL 34208

Title: PRES (X) Change () Addition
Name: MANGIE, JIM
Address: 1810 N. LAKESHORE DR
City-St-Zip: SARASOTA, FL 34231

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

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

Title: TRES (X) Change () Addition
Name: CZERWONKA, JOHN
Address: 9219 63RD CT EAST
City-St-Zip: PARRISH, FL 34219

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: JIM MANGIE

PRES

04/23/2009

Electronic Signature of Signing Officer or Director

Date