

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010381

FILED  
Apr 25, 2008  
Secretary of State

**Entity Name:** BELLA LAGO AT VIVANTE XX CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4501 TAMIAMI TRAIL SUITE 300  
NAPLES, FL 34103

**New Principal Place of Business:**

1532 RIO DE JANEIRO AVE  
PUNTA GORDA, FL 33983

**Current Mailing Address:**

4501 TAMIAMI TRAIL SUITE 300  
NAPLES, FL 34103

**New Mailing Address:**

PO BOX 380758  
MURDOCK, FL 33938

**FEI Number:** 20-5841519

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STOCK COMMUNITY SERVICES  
5020 TAMIAMI TRAIL NO. STE 212B;  
NAPLES, FL 34103 US

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

GATEWAY MANAGEMENT  
1532 RIO DE JANEIRO AVE  
PUNTA GORDA, FL 33983 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: GATEWAY MANAGEMENT

04/25/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: FP ( ) Delete  
Name: SPIVEY, BLAINE  
Address: 4501 TAMIAMI TRAIL SUITE 300  
City-St-Zip: NAPLES, FL 34103

Title: DST ( ) Delete  
Name: SCHECHINGER, VALERIE  
Address: 4501 TAMIAMI TRAIL SUITE 300  
City-St-Zip: NAPLES, FL 34103

Title: DVP ( ) Delete  
Name: HOULDSWORTH, SANDRA  
Address: 4501 TAMIAMI TRAIL SUITE 300  
City-St-Zip: NAPLES, FL 34103

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

Title: PD (X) Change ( ) Addition  
Name: SPIVEY, BLAINE  
Address: PO BOX 380758  
City-St-Zip: MURDOCK, FL 33938

Title: STD (X) Change ( ) Addition  
Name: GELDER, KEITH  
Address: PO BOX 380758  
City-St-Zip: MURDOCK, FL 33938

Title: VPD (X) Change ( ) Addition  
Name: HOULDSWORTH, SANDRA  
Address: PO BOX 380758  
City-St-Zip: MURDOCK, FL 33938

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: BLAINE SPIVEY

PD

04/25/2008

Electronic Signature of Signing Officer or Director

Date