

FILED
May 02, 2008 8:00 am
Secretary of State

400000

DOCUMENT # N06000011361

1. Entity Name
BELLA LAGO AT VIVANTE XVIII CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
4501 TAMiami TRAIL N., STE. 300
NAPLES, FL 34103

Mailing Address
4501 TAMiami TRAIL N., STE. 300
NAPLES, FL 34103

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
ZipCountry

3. Mailing Address
Suite, Apt. #, etc.
City & State
ZipCountry

6. Name and Address of Current Registered Agent
STOCK COMMUNITY SERVICES, LLC
4501 TAMiami TRAIL NO, STE 300
NAPLES, FL 34103

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
CityFLZip Code

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2008

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY- ST- ZIP
DP SPIVEY, BLAINE 4501 TAMiami TRAIL N., STE. 300 NAPLES, FL 34103
DST SCHECHINGER, VALERIE 4501 TAMiami TRAIL N., STE. 300 NAPLES, FL 34103
DV HOULDSWORTH, SANDRA 4501 TAMiami TRAIL N., STE. 300 NAPLES, FL 34103

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
D Koces, Chad 4501 Tamiami Tr, N, Suite 300 Naples, FL 34103
D Gelder, Keith 4501 Tamiami Tr N., Suite 300 Naples, FL 34103
D Houldsworth, Sandy 4501 Tamiami Tr N., Suite 300 Naples, FL 34103

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 empowered.

SIGNATURE: [Signature] Chad Koces 4/28/08 941-426-7697