2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-02-2008 90175 014 ****61.25

DOCUMENT # N06000011361

BELLA LAGO AT VIVANTE XVIII CONDOMINIUM



ASSOCIA	ATION, INC.			100						
Principal Place of Business 4501 TAMIAMI TRAIL N., STE. 300 NAPLES, FL 34103		4501	Mailing Address 4501 TAMIAMI TRAIL N., STE. 300 NAPLES, FL 34103			40000*				
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2. Principal Place of Business - No P.O. Box #		3. Maili	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04292008	Chg-NP	CR2E	037 (12/06)	
City & State		City	,		4. FEI Number Applied For 20-5841230 Not Applied be 20-5841230					
Zip	Country 2		Zip Cour		5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name and Address of Curren	t Registere	d Agent			7. Name and	Address of New	Registere	d Agent	
				Name						
STOCK COMMUNITY SERVICES, LLC 4501 TAMIAMI TRAIL NO, STE 300 NAPLES, FL 34103			Street Address			s (P.O. Box Number is Not Acceptable)				
·					_				_	
				City	-			F	L Zip Cod	le
	named entity submits this statement f	for the purpo	ose of changing its re	gistered office	or register	red agent, or botl	n, in the State of	Florida. La	m familiar with,	and accept
the obligat	tions of registered agent.									
SIGNATURE										
	Signature, typed or printed name of registered agen	nt and little if appl	icable. (NOTE: P	legistered Agent sign	ature required	d when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2008		9. Election Camp Trust Fund Co			\$5.00 May Be	7		ck payable t artment of S	
10.	•	DIRECTORS					FI	orida Dep	artment of S	tate
10. TITLE	Due by May 1, 2008 OFFICERS AND D	DIRECTORS		11.		Added to Fees	FI	orida Dep	artment of S	tate
TITLE NAME	OFFICERS AND D DP SPIVEY, BLAINE		Trust Fund Cor	11. TITLE NAME	D Koo	Added to Fees ADDITIONS/CHA	NGES TO OFFIC	DERS AND	artment of S	tate
TITLE	Due by May 1, 2008 OFFICERS AND D		Trust Fund Cor	11.	D Kod	Added to Fees ADDITIONS/CHA ces, Chad 1 Tamiami	Tr, N, Suite	DERS AND	artment of S	tate
TITLE NAME STREET ADDRESS	OFFICERS AND D OFFICERS AND D DP SPIVEY, BLAINE 4501 TAMIAMI TRAIL N., STE.		Trust Fund Cor	ntribution. 11. TITLE NAME STREET ADDRESS	D Koo 450	Added to Fees ADDITIONS/CHA	Tr, N, Suite	DERS AND	artment of S	tate
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	OFFICERS AND D OFFICERS AND D OP SPIVEY, BLAINE 4501 TAMIAMI TRAIL N., STE. NAPLES, FL 34103 DST SCHECHINGER, VALERIE	300	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	D Koo 450 Na D Gel	Added to Fees ADDITIONS/CHA ces, Chad D1 Tamiami ples, FL 34	Tr, N, Suite	DERS AND	artment of S DIRECTORS IN	tate 1 10 [Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2008 OFFICERS AND D DP SPIVEY, BLAINE 4501 TAMIAMI TRAIL N., STE. NAPLES, FL 34103 DST SCHECHINGER, VALERIE 4501 TAMIAMI TRAIL N., STE.	300	Trust Fund Cor	11. ITILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	D Koo 450 Na D Gel	Added to Fees ADDITIONS/CHA ces, Chad Ol Tamiami ples, FL 34 Ider, Keith Ol Tamiami	Tr, N, Suite	ERS AND	artment of S DIRECTORS IN	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2008 OFFICERS AND D DP SPIVEY, BLAINE 4501 TAMIAMI TRAIL N., STE. NAPLES, FL 34103 DST SCHECHINGER, VALERIE 4501 TAMIAMI TRAIL N., STE. NAPLES, FL 34103	300	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Koo 450 Na D Gel	Added to Fees ADDITIONS/CHA ces, Chad O1 Tamiami ples, FL 34 Ider, Keith	Tr, N, Suite	ERS AND	artment of S DIRECTORS IN Change	tate 1 10 Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2008 OFFICERS AND D DP SPIVEY, BLAINE 4501 TAMIAMI TRAIL N., STE. NAPLES, FL 34103 DST SCHECHINGER, VALERIE 4501 TAMIAMI TRAIL N., STE. NAPLES, FL 34103 DV HOULDSWORTH, SANDRA 4501 TAMIAMI TRAIL N., STE.	300	Trust Fund Cor	11. 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	D Koo 450 Na D Gel 450 Na D Hou	Added to Fees ADDITIONS/CHA tes, Chad 1 Tamiami ples, FL 34 Ider, Keith 1 Tamiami ples, FL 34 Judsworth, S	Tr, N, Suite 103 Tr N., Suite 103 andy	300	artment of S DIRECTORS IN Change	tate 1 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTROL OF THE TREET ADDRESS CITY-ST-ZIP	Due by May 1, 2008 OFFICERS AND D DP SPIVEY, BLAINE 4501 TAMIAMI TRAIL N., STE. NAPLES, FL 34103 DST SCHECHINGER, VALERIE 4501 TAMIAMI TRAIL N., STE. NAPLES, FL 34103 DV HOULDSWORTH, SANDRA	300	Delete Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	D Koo 450 Na D Gel 450 Na D Hou 450	Added to Fees ADDITIONS/CHA tes, Chad Tamiami ples, FL 34 Ider, Keith Tamiami ples, FL 34 Idsworth, S Tamiami	Tr, N, Suite 103 Tr N., Suite 103 andy Tr N., Suite	300	artment of S DIRECTORS IN Change Change	Addition Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTROL OF THE TREET ADDRESS CITY-ST-ZIP	Due by May 1, 2008 OFFICERS AND D DP SPIVEY, BLAINE 4501 TAMIAMI TRAIL N., STE. NAPLES, FL 34103 DST SCHECHINGER, VALERIE 4501 TAMIAMI TRAIL N., STE. NAPLES, FL 34103 DV HOULDSWORTH, SANDRA 4501 TAMIAMI TRAIL N., STE.	300	Delete Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	D Koo 450 Na D Gel 450 Na D Hou 450 Na	Added to Fees ADDITIONS/CHA tes, Chad Tamiami ples, FL 34 Ider, Keith Tamiami ples, FL 34 Idsworth, S Tamiami	Tr, N, Suite 103 Tr N., Suite 103 andy Tr N., Suite	300	artment of S DIRECTORS IN Change Change	Addition
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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 empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-426-7697