2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 21, 2007
Secretary of State

DOCUMENT# N06000011696

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

Current Principal Place of Business:

14001 BELLAGIO WAY
OSPREY, FL 34229

New Principal Place of Business:

Current Mailing Address:

14001 BELLAGIO WAY
OSPREY, FL 34229

New Mailing Address:

FEI Number: 20-8622962 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, KAREN
14001 BELLAGIO WAY
OSPREY, FL 34229 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition
Name: ORZECHOWSKI, JOSEPH
Address: 419 HUNTRIDGE DRIVE
City-St-Zip: VENICE, FL 34292

Title: DIR (X) Change ( ) Addition
Name: CANTON, LEO
Address: 14001 BELLAGIO WAY
City-St-Zip: OSPREY, FL 34229

Title: DIR (X) Change ( ) Addition
Name: DOERNER, PETER
Address: 2009 MICANOPY TRAIL
City-St-Zip: NOKOMIS, FL 34275

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: JOSEPH ORZECHOWSKI DIR 05/21/2007

Electronic Signature of Signing Officer or Director — Date