2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011696

Apr 23, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

14001 BELLAGIO WAY OSPREY, FL 34229

Current Mailing Address: New Mailing Address:

14001 BELLAGIO WAY OSPREY, FL 34229

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

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

ORZECHOWSKI, JOSEPH COASTAL LIVING REAL ESTATE & PROP. MGMT. 419 HUNTRIDGÉ DR. 14001 BELLAGIO WAY VENICE, FL 34292 OSPREY, FL 34229

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:

TRES

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

SEC

PRES () Delete (X) Change () Addition ORZECHOWSKI, JOSEPH DOERNER, PETER Name: Name: 419 HUNTRIDGE DRIVE Address: 2009 MICANOPY TRAIL Address:

City-St-Zip: VENICE, FL 34292 City-St-Zip: NOKOMIS, FL 34275

Title: () Delete Title: (X) Change () Addition CANTON, LEO Name: CANTON, LEO Name:

Address: 1242 SIESTA BAYSIDE DR Address: 1242 SIESTA BAYSIDE DR City-St-Zip: SARASOTA, FL 34242 City-St-Zip: SARASOTA, FL 34242

Title: SEC () Delete Title: **TRES** (X) Change () Addition

DOERNER, PETER DICKSON, MARK Name: Name: 2009 MICANOPY TRAIL 8551 WOODBRIAR DR Address: Address: City-St-Zip: NOKOMIS, FL 34275 City-St-Zip: SARASOTA, FL 34238

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: MARK DOERNER **PRES** 04/23/2009