2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2007
Secretary of State

DOCUMENT# N06000013115

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

Current Principal Place of Business:

4501 TAMIAMI TRAIL N SUITE 300
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

4501 TAMIAMI TRAIL N SUITE 300
NAPLES, FL 34103

New Mailing Address:

FEI Number: 20-8110561 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DST (X) Change ( ) Addition
Name: DELANEY, BOB
Address: 4501 TAMIAMI TRAIL N SUITE 300
City-St-Zip: NAPLES, FL 34103

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SANDRA HOULDSWORTH VP 07/19/2007

Electronic Signature of Signing Officer or Director — Date