


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-02-2008 90155 032 ****61.25

DOCUMENT # N06000013115		
1. Entity Name BELLA LAGO AT VIVANTE XVII CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business 4501 TAMiami TRAIL N SUITE 300 NAPLES, FL 34103	Mailing Address 4501 TAMiami TRAIL N SUITE 300 NAPLES, FL 34103
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04292008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-8110561		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SPIVEY, BLAINE 4501 TAMiami TRAIL N SUITE 300 NAPLES, FL 34103		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip 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 _____ (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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP	TITLE	D
NAME	SPIVEY, BLAINE	NAME	Koces, Chad
STREET ADDRESS	4501 TAMiami TRAIL N SUITE 300	STREET ADDRESS	4501 Tamiami Tr N, #300
CITY-ST-ZIP	NAPLES, FL 34103	CITY-ST-ZIP	Naples, FL 34103
TITLE	DST	TITLE	D
NAME	DELANEY, BOB	NAME	Gelder, Keith
STREET ADDRESS	4501 TAMiami TRAIL N SUITE 300	STREET ADDRESS	4501 Tamiami Tr N, #300
CITY-ST-ZIP	NAPLES, FL 34103	CITY-ST-ZIP	Naples, FL 34103
TITLE	DV	TITLE	D
NAME	HOULDSWORTH, SANDRA	NAME	Houldsworth, Sandy
STREET ADDRESS	4501 TAMiami TRAIL N SUITE 300	STREET ADDRESS	4501 Tamiami Tr N, #300
CITY-ST-ZIP	NAPLES, FL 34103	CITY-ST-ZIP	Naples, FL 34103
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Chad Koces **Chad Koces** 4/28/08 941-629-8190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #