

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000057

FILED
Apr 24, 2008
Secretary of State

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

Current Principal Place of Business:

4501 TAMIAMI TRAIL N SUITE 300
NAPLES, FL 34103

New Principal Place of Business:

1532 RIO DE JANEIRO AVE
PUNTA GORDA, FL 33983

Current Mailing Address:

4501 TAMIAMI TRAIL N SUITE 300
NAPLES, FL 34103

New Mailing Address:

PO BOX 380758
MURDOCK, FL 33938

FEI Number: 26-2096636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

GATEWAY MANAGEMENT INC
1532 RIO DE JANEIRO AVE
PUNTA GORDA, FL 33983 US

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: GATEWAY MANAGEMENT INC

04/24/2008

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: DVP () Delete
Name: HOULDSWORTH, SANDRA
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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SPIVEY, BLAINE
Address: 4501 TAMIAMI TRAIL N SUITE 300
City-St-Zip: NAPLES, FL 34103

Title: VPD (X) Change () Addition
Name: HOULDSWORTH, SANDRA
Address: 4501 TAMIAMI TRAIL N SUITE 300
City-St-Zip: NAPLES, FL 34103

Title: STD (X) Change () Addition
Name: GELDER, KEITH
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

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: BLAINE SPIVEY

PD

04/24/2008

Electronic Signature of Signing Officer or Director

Date