

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000103

FILED  
Jan 13, 2009  
Secretary of State

**Entity Name:** BELLINI AT MIROMAR LAKES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5660 STRAND COURT  
NAPLES, FL 34110

**New Principal Place of Business:**

5660 STRAND COURT  
SUITE 1  
NAPLES, FL 34110

**Current Mailing Address:**

5660 STRAND COURT  
NAPLES, FL 34110

**New Mailing Address:**

5660 STRAND COURT  
SUITE 1  
NAPLES, FL 34110

**FEI Number:** 56-2643369

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STANLEY J. LIEBERFARB, P.A.  
1100 FIFTH AVENUE SOUTH  
SUITE 405  
NAPLES, FL 34102 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: PD ( ) Delete  
Name: SLAVICH, WILLIAM  
Address: 5660 STRAND COURT  
City-St-Zip: NAPLES, FL 34110

Title: VPD ( ) Delete  
Name: MELSON, RICHARD D  
Address: 5660 STRAND COURT  
City-St-Zip: NAPLES, FL 34110

Title: STD ( ) Delete  
Name: GOODMAN, KENNETH D  
Address: 3838 9TH STREET NORTH  
City-St-Zip: NAPLES, FL 34103

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: BILL SLAVICH

PD

01/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date