

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Feb 06, 2009
Secretary of State

DOCUMENT# N07000000103

Entity Name: BELLINI AT MIROMAR LAKES CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**5660 STRAND COURT
SUITE 1
NAPLES, FL 34110**New Principal Place of Business:**1599 NW 9TH AVE
SUITE 2
BOCA RATON, FL 33486**Current Mailing Address:**5660 STRAND COURT
SUITE 1
NAPLES, FL 34110**New Mailing Address:**1599 NW 9TH AVE
SUITE 2
BOCA RATON, FL 33486**FEI Number:** 56-2643369**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KAYE & BENDER P.L.
6261 NW 6 WAY
FT LAUDERDALE, FL 33309 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**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D (X) Change () Addition
Name: SLAVICH, WILLIAM
Address: 5660 STRAND COURT
City-St-Zip: NAPLES, FL 34110**Title:** STD (X) Change () Addition
Name: FOLEY, JOHN
Address: 1716 MOORELAND DREVE
City-St-Zip: LEXINGTON, KY 40544**Title:** D (X) Change () Addition
Name: GROSS, AL
Address: 3111 WALL STREET
City-St-Zip: LEXINGTON, KY 40502**Title:** PD () Change (X) Addition
Name: MARLOWE, GARY
Address: 1599 NW 9TH AVE
City-St-Zip: BOCA RATON, FL 33486

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: GARY MARLOWE

PRES

02/06/2009

Electronic Signature of Signing Officer or Director

Date