

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31050

FILED
Feb 08, 2012
Secretary of State

Entity Name: BELLERIVE AT THE VINEYARDS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

PROPERTY MANAGEMENT PROFESSIONALS
75 VINEYARDS BLVD, 3RD FL
NAPLES, FL 34119 US

New Principal Place of Business:

Current Mailing Address:

PROPERTY MANAGEMENT PROFESSIONALS
75 VINEYARDS BLVD, 3RD FL
NAPLES, FL 34119 US

New Mailing Address:

FEI Number: 65-0039523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROPERTY MANAGEMENT PROFESSIONALS
75 VINEYARDS BLVD, 3RD FL
NAPLES, FL 34119 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: D
Name: SPENCIERI, PRISCILLA
Address: 6222 BELLERIVE AVE. #904
City-St-Zip: NAPLES, FL 34119

Title: VP
Name: MATIS, RALPH
Address: 6240 BELLERIVE AVE. #607
City-St-Zip: NAPLES, FL 34119

Title: P
Name: BELLOWS, AL
Address: 6210 BELLERIVE AVE. #1803
City-St-Zip: NAPLES, FL 34119

Title: T
Name: GEE, WILLIAM
Address: 6228 BELLERIVE AVE. #803
City-St-Zip: NAPLES, FL 34119

Title: D
Name: JACK, MERDINGER
Address: 6250 BELLERIVE AVE. #501
City-St-Zip: NAPLES, FL 34119

I hereby 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 all other like empowered.

SIGNATURE: AL BELLOWS

P

02/08/2012

Electronic Signature of Signing Officer or Director

Date