## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Feb 25, 2008 8:00 am Secretary of State

DOCUMENT # N9900003520  1. Entity Name BELLAGIO ON VENICE ISLAND HOMEOWNERS ASSOCIATION, INC.							02-25-2008	90044 02:	9 0	1.23
Principal Plac LIGHTHOUSE 16 CHURCH : OSPREY, FL	MGMT & REALTY St	LIGHTH 16 CHL	Mailing Address LIGHTHOUSE MGMT & REALTY 16 CHURCH ST OSPREY, FL 34229				111111111111111111111111111111111111111			
2. Principal P	Place of Business - No P.O. Box #	3. Mailing	g Address							
Suite, Apt	#. etc	Suite	. Apt. #. etc			01182008	Chg-NP	CR2E037	(12/06)	
City & Stat	е	City &	3 State			4. FEI Number 59-3588	732		<u> </u>	oplied For of Applicable
Zip	Country	Zip		Cou	untry	5. Certificate of	Status Desired		<b>B.75</b> Addee Require	
	6. Name and Address of Curr	ent Registered	Agent			7. Name and A	ddress of New F	Registered Ag	ent	
SKINNED	EDNEST				Name					
SKINNER, ERNEST 247 RIO TERRA VENICE, FL 34285					Street Addre	ss (P.O. Box Number	is Not Acceptable	e)		
·					Cuy			<b>F</b> 1	Za Cou	1
					5,			FL		
	named entity submits this statemer ions of registered agent.					<b></b>				
	Signature, lyped or printed name of registered a	agent and title if applica	ble. (NOT	E: Registere	d Agent signature req	quired when reinstating)		DATE		
	Filling Fee is \$61.25 Due by May 1, 2008	agent and title if applica	9. Election Car Trust Fund	mpaign F	inancing	\$5.00 May Be Added to Fees	F	DATE Make check p rida Departm	-	
10.	Filing Fee is \$61.25		9. Election Car	mpaign F	inancing	\$5.00 May Be	Floa	lake check prida Departm	ent of St	tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2008		9. Election Car	mpaign F Contribute 11. TITLE NAM STRE	inancing ion.	\$5.00 May Be Added to Fees ADDITIONS/CHAI	Floor NGES TO OFFICE Kel Ferra	Make check prida Departm ERS AND DIRE	ent of St	tate
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12. Thereby certify that the information supplied with this tiling 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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