
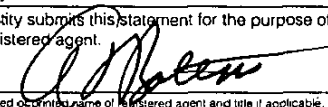
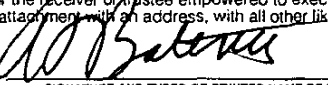


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90236 017 ***150.00

DOCUMENT # P01000122280 1. Entity Name BELLAVISTA AT MIROMAR LAKES, INC.					
Principal Place of Business 4770 ALBERTON CT., STE. 2602 NAPLES, FL 34105			Mailing Address 4770 ALBERTON CT., STE. 2602 NAPLES, FL 34105		
2. Principal Place of Business 2245 Venetian Court		3. Mailing Address 2245 Venetian Court			
Suite, Apt. #, etc. Building 4		Suite, Apt. #, etc. Building 4			
City & State Naples, FL		City & State Naples, FL			
Zip 34109	Country USA	Zip 34109	Country USA	03082006 Chg-P CR2E034 (11/05)	
4. FEI Number 01-0574819				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BATEMAN, ARTHUR L 4770 ALBERTON CT 2602 NAPLES, FL 34105			7. Name and Address of New Registered Agent Name Bateman, Arthur L. Street Address (P.O. Box Number is Not Acceptable) 2245 Venetian Court Building 4 City Naples FL Zip Code 34109		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 3/13/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BATEMAN, ARTHUR L 4770 ALBERTON CT., STE. 2602 NAPLES, FL 34105	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DERSCH, JOYCE E 4770 ALBERTON CT., STE. 2602 NAPLES, FL 34105	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SELLS, JOYCE T 4770 ALBERTON CT., STE. 2602 NAPLES, FL 34105	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE 		Date 3/13/06 Daytime Phone # 239430-1012			