## **2006 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT**

FILED Apr 13, 2006 8:00 am Secretary of State

DOCUMENT # N05000002745  1. Entity Name BELLA VILLINO COMMUNITY ASSOCIATION, INC.									-	037 ****70			
4100 CENTRAL SARASOTA PARKWAY			4100	Mailing Address 4100 CENTRAL SARASOTA PARKWAY SARASOTA, FL 34238				<b>60021180</b>					
								1 <b>11 1 1 1 1</b> 1 1 1 1 1 1 1 1 1 1 1 1 1			10 MAIN (1881 8100) 8	IMIELEL INCL	
2. Principal Place of Business			3. Mai	3. Mailing Address									
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.			0.	1312006	Chg-NP	CR2	E037 (11/05)			
City & State		Cit	City & State			4.	FEI Numbe	- 2542	783		pplied For lot Applicable		
Zip	Zip Country		Zip	Zip Co		try	5.		of Status Desir		\$8.75 Ad	Iditional	
	6. Name ar	d Address of Current	Registere	d Agent			7.	Name and	Address of N	ew Register	ed Agent		
=						Name							
TAYLOR, J. DAVID 4100 CENTRAL SARASOTA PARKWAY SARASOTA, FL 34238				Street A		Street Addr	ress (P.O.	Box Numbe	er is Not Accep	table)			
					1								
						City				F	Zip Cod	de	
	named entity s tions of registere	ubmits this statement for ed agent.	or the purp	ose of changing its r	egistered	d office or reg	egistered a	gent, or bot	h, in the State			, and accept	
SIGNATURE .	Signature, typed or p	printed name of registered agen	t and title if app	elicable. (NOTE:	Registered A	Agent signature re	required when	reinstating)		DA*			
SIGNATURE .	Signature, typed or p	printed name of registered agen	t and title if app			Agent signature re	required when	reinstating)		DA	E		
SIGNATURE .	Signature, typed or p Filling Fee Due by Ma	ls \$61.25	t and title if app	9. Election Camp	paign Fina	nancing	, \$5.	reinstating) .00 May Bi	e	Make ch	eck payable partment of \$		
SIGNATURE .	Filing Fee Due by Ma	ls \$61.25		9. Election Camp Trust Fund Co	paign Fina	nancing _	\$5. Add	.00 May Beed to Fees		Make ch Florida De	eck payable	State	
	Filing Fee Due by Ma	Is \$61.25 y 1, 2006 OFFICERS AND DI DAVID RAL SARASOTA PA	IRECTORS	9. Election Camp	paign Fina ontribution 11. TITLE NAME	nancing n.   TADORESS	\$5. Add	.00 May Beed to Fees		Make ch Florida De	eck payable partment of \$	State	
10. TITLE NAME STREET ADDRESS	DP TAYLOR, J. 4100 CENTE SARASOTA DVP TAYLOR, EI	Is \$61.25 y 1, 2006  OFFICERS AND DI  DAVID RAL SARASOTA PA , FL 34238  LIZABETH E RAL SARASOTA PA	IRECTORS	9. Election Camp Trust Fund Co	paign Fina ontribution 11. TITLE NAME STREET CITY-ST	ADDRESS	\$5. Add	.00 May Beed to Fees		Make ch Florida De	eck payable partment of \$ DIRECTORS II	N 10	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee Due by Ma  DP TAYLOR, J. 4100 CENTE SARASOTA DVP TAYLOR, EI 4100 CENTE SARASOTA DST HOLMES, P	IS \$61.25 y 1, 2006  OFFICERS AND DI  DAVID RAL SARASOTA PA , FL 34238  LIZABETH E RAL SARASOTA PA , FL 34238  AMELA RAL SARASOTA PA	IRECTORS  ARKWAY	9. Election Camp Trust Fund Co	paign Fina ontribution 11. TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-SI	ADDRESS ST-ZIP  ADDRESS ADDRESS ADDRESS ADDRESS	\$5. Add	.00 May Beed to Fees		Make ch Florida De	eck payable partment of \$ DIRECTORS II	State N 10 Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PIIING Fee Due by Ma  DP TAYLOR, J. 4100 CENTE SARASOTA DVP TAYLOR, EI 4100 CENTE SARASOTA DST HOLMES, P 4100 CENTE	IS \$61.25 y 1, 2006  OFFICERS AND DI  DAVID RAL SARASOTA PA , FL 34238  LIZABETH E RAL SARASOTA PA , FL 34238  AMELA RAL SARASOTA PA	IRECTORS  ARKWAY	9. Election Camparts Fund Co	paign Fina ontributior  11.  TITLE NAME STREET CITY-SI	ADDRESS ST-ZIP  I ADDRESS ST-ZIP  I ADDRESS ST-ZIP	\$5. Add	.00 May Beed to Fees		Make ch Florida De	eck payable partment of \$ IDRECTORS II Change	N 10 Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PIIING Fee Due by Ma  DP TAYLOR, J. 4100 CENTE SARASOTA DVP TAYLOR, EI 4100 CENTE SARASOTA DST HOLMES, P 4100 CENTE	IS \$61.25 y 1, 2006  OFFICERS AND DI  DAVID RAL SARASOTA PA , FL 34238  LIZABETH E RAL SARASOTA PA , FL 34238  AMELA RAL SARASOTA PA	IRECTORS  ARKWAY	9. Election Camparate Fund Co	paign Fina ontribution  11.  TITLE NAME STREET CITY-SI  TITLE NAME NAME STREET CITY-SI	ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP	\$5. Add	.00 May Beed to Fees		Make ch Florida De	eck payable partment of \$ DIRECTORS II Change	State N 10 Addition Addition Addition	

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 dustee empowered to execute this report as required by Chapter 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/06 Date

941/488-7682 Deytime Phone #