
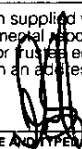


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90030 049 ****61.25

DOCUMENT # N05000008202					
1. Entity Name BELLA VILLINO V CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4100 CENTRAL SARASOTA PARKWAY SARASOTA, FL 34238		Mailing Address 4100 CENTRAL SARASOTA PARKWAY SARASOTA, FL 34238			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03182008 Chg-NP CR2E037 (12/06) 4. FEI Number 20-3286915 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RYSKAMP, PATRICK W. 200 S. ORANGE AVE. SARASOTA, FL 34236			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, J. DAVID		NAME		
STREET ADDRESS	4100 CENTRAL SARASOTA PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34238		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	U D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, ELIZABETH E.		NAME	PAMELA HOLMES	
STREET ADDRESS	4100 CENTRAL SARASOTA PARKWAY		STREET ADDRESS	4100 CENTRAL SARASOTA PARKWAY	
CITY-ST-ZIP	SARASOTA, FL 34238		CITY-ST-ZIP	SARASOTA, FL 34238	
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERG, RYAN		NAME		
STREET ADDRESS	4152 CENTRAL SARASOTA PARKWAY, UNIT 721		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34238		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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: 		J. DAVID TAYLOR		3/27/08 941-584-6600	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	