


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-31-2008 90030 048 ****61.25

DOCUMENT # N05000008204

1. Entity Name
BELLA VILLINO VI 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

6. Name and Address of Current Registered Agent
**RYSKAMP, PATRICK W.
 200 SOUTH ORANGE AVE.
 SARASOTA, FL 34236**

40050411



03182008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-3286959

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$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** Delete
 NAME **TAYLOR, J. DAVID**
 STREET ADDRESS **4100 CENTRAL SARASOTA PARKWAY**
 CITY-ST-ZIP **SARASOTA, FL 34238**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **TAYLOR, ELIZABETH E.**
 STREET ADDRESS **4100 CENTRAL SARASOTA PARKWAY**
 CITY-ST-ZIP **SARASOTA, FL 34238**

TITLE **VD** Change Addition
 NAME **PAMELA HOLMES**
 STREET ADDRESS **4100 CENTRAL SARASOTA PARKWAY**
 CITY-ST-ZIP **SARASOTA, FL 34238**

TITLE **TSD** Delete
 NAME **MICKA, THOMAS**
 STREET ADDRESS **4190 CENTRAL SARASOTA PARKWAY, UNIT 44**
 CITY-ST-ZIP **SARASOTA, FL 34238**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #