


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90044 022 \*\*\*\*61.25

<b>DOCUMENT # N05000008211</b>					
1. Entity Name BELLA VILLINO IV 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		4. FEI Number 20-3286745	
Zip		Country		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 SOUTH ORANGE AVENUE SARASOTA, FL 34236			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
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	SIEG, RONALD		NAME		
STREET ADDRESS	4138 CTRL SARASOTA PKWY 1525		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34238		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VAD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SZABO, LISA M		NAME	Mazzuka, Michael	
STREET ADDRESS	12942 NIGHTSHADE PL		STREET ADDRESS	4138 Central Sarasota Parkway, Unit 1512	
CITY-ST-ZIP	BRADENTON, FL 34202		CITY-ST-ZIP	Sarasota, FL 34238	
TITLE	TSD	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLMES, PAMELA		NAME	Buckley, John	
STREET ADDRESS	4100 CENTRAL SARASOTA PARKWAY		STREET ADDRESS	4138 Central Sarasota Parkway #1512	
CITY-ST-ZIP	SARASOTA, FL 34238		CITY-ST-ZIP	Sarasota, FL 34238	
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: <u><i>Ronald Sieg</i></u>		Date: <u>4/11/07</u>		Dwight Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

9000300



04052007 Chg-NP CR2E037 (12/06)

Applied For Not Applicable

FL