


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90042 049 \*\*\*\*61.25

**DOCUMENT # N02000002729**  
1. Entity Name  
**CASABELLA HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
1900 SOUTH HARBOR CITY BLVD.      1900 SOUTH HARBOR CITY BLVD.  
SUITE 221      SUITE 221  
MELBOURNE FL 32901      MELBOURNE FL 32901

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
Zip      Country      Zip      Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent  
**MOSS, JOEL S**  
**47 W. NEW HAVEN AVENUE**  
**SUITE 200**  
**MELBOURNE FL 32901**

7. Name and Address of New Registered Agent  
Name **JOEL S. MOSS, ESQ**  
Street Address (P.O. Box Number is Not Acceptable)  
**1900 S. HARBOR CITY BLVD.**  
**SUITE 346**  
City **MELBORNE**      FL      Zip Code **32901**

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEVY, RONALD D	
STREET ADDRESS	1900 SOUTH HARBOR CITY BLD., SUITE 221	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MOSS, JOEL S	
STREET ADDRESS	47 WEST NEW HAVEN AVENUE #200	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LEVY, NORMA	
STREET ADDRESS	1900 SOUTH HARBOR CITY BLVD SUTIE 221	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**     *Ronald Levy*              3/4/04              (321)984-2322      
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #