


**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90080 022 \*\*\*\*61.25

**2005 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # N02000002729</b> 1. Entity Name <b>CASABELLA HOMEOWNERS ASSOCIATION, INC.</b>	
---	---

Principal Place of Business <b>1900 SOUTH HARBOR CITY BLVD.          SUITE 221          MELBOURNE, FL 32901</b>	Mailing Address <b>1900 SOUTH HARBOR CITY BLVD.          SUITE 221          MELBOURNE, FL 32901</b>
--	--

40003862



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Zip
Country	Country

01192005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>APPLIED FOR 42-1535442</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b> <b>MOSS, JOEL S ESQ</b> <b>1900 S. HARBOR CITY BLVD.</b> <b>SUITE 346</b> <b>MELBOURNE, FL 32901</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>40 1900 S. HARBOR CITY BLVD. <del>STE 221</del></b> <b>SUITE 221</b> City <b>MELBOURNE</b> FL Zip Code <b>32901</b>
---	--

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)

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	Make check payable to <b>Florida Department of State</b>
---	---	--

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 SUITE 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	40
STREET ADDRESS	1900 S. HARBOR CITY BLVD. STE 221
CITY-ST-ZIP	MELBOURNE, FL 32901
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
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:** Norma Levy  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/19/05 (321) 984-2322  
 Daytime Phone #