


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

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

Principal Place of Business 1900 SOUTH HARBOR CITY BLVD. SUITE 221 MELBOURNE, FL 32901	Mailing Address 1900 SOUTH HARBOR CITY BLVD. SUITE 221 MELBOURNE, FL 32901
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01152007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-1535442	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NOHRR, PHILIP ESQ C/O GRAY, ROBINSON 1800 WEST HIBISCUS BLVD MELBOURNE, FL 32901
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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 _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

000000624039
 02/14/07-80014-013 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVY, RONALD D 1900 SOUTH HARBOR CITY BLD., SUITE 221 MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEVY, NORMA 1900 SOUTH HARBOR CITY BLVD SUTIE 221 MELBOURNE, FL 32901
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Norma Levy 2/1/07 (321) 984-2579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #