


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90030 015 \*\*\*\*61.25

**DOCUMENT # N03000001787**

1. Entity Name  
**CASABELLA PROPERTY OWNERS ASSOCIATION, INC.**




Principal Place of Business  
**6300 PARK OF COMMERCE BLVD**  
**BOCA RATON, FL 33487 US**

Mailing Address  
**6300 PARK OF COMMERCE BLVD**  
**BOCA RATON, FL 33487 US**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

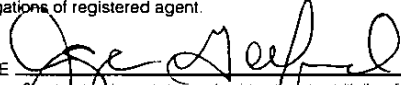


02052008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent  
**GAUDET, LYNNE**  
**6300 PARK OF COMMERCE BLVD**  
**BOCA RATON, FL 33487**

7. Name and Address of New Registered Agent  
 Name **Jayne Gelfand**  
 Street Address (P.O. Box Number is Not Acceptable) **Prime Management Group**  
**6300 Park of Commerce Blvd**  
 City **Boca Raton** FL Zip Code **33487**

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 **2/8/08**

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GAUDET, LYNNE	
STREET ADDRESS	6300 PARK OF COMMERCE BLVD	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KELLY, VIRGINIA	
STREET ADDRESS	6300 PARK OF COMMERCE BLVD	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	YUTER, RON	
STREET ADDRESS	123 N.W. 13TH STREET, SUITE 300	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GOLDSTEIN, LARRY	
STREET ADDRESS	6300 PARK OF COMMERCE BLVD	
CITY-ST-ZIP	BOCA RATON, FL 33487	
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	P/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gaudet, Lynn	
STREET ADDRESS	8637 Stirling Rd	
CITY-ST-ZIP	Cooper City, FL 33338	
TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Goldstein, Larry	
STREET ADDRESS	8637 Stirling Rd	
CITY-ST-ZIP	Cooper City, FL 33338	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Virginia Kelly	
STREET ADDRESS	8637 Stirling Rd	
CITY-ST-ZIP	Cooper City, FL 33338	
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 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:  DATE: **2-8-08** DAYTIME PHONE: **954-680-7965**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR