

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000002729

**FILED**  
**Apr 20, 2016**  
**Secretary of State**  
**CC8786201355**

**Entity Name:** CASABELLA HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3270 SUNTREE BOULEVARD, SUIT 216  
MELBOURNE, FL 32940

**Current Mailing Address:**

3270 SUNTREE BOULEVARD, SUIT 216  
MELBOURNE, FL 32940 US

**FEI Number:** 42-1535442

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

OMEGA COMMUNITY MANAGEMENT, INC.  
3270 SUNTREE BOULEVARD SUITE 216  
MELBOURNE, FL 32940 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES/SEC  
Name            OCHIPA, MICHAEL  
Address        3270 SUNTREE BOULEVARD  
                 SUITE 216  
City-State-Zip: MELBOURNE FL 32940

Title            VP  
Name            CHECCHIA, MARYLOU  
Address        3270 SUNTREE BOULEVARD  
                 SUITE 216  
City-State-Zip: MELBOURNE FL 32940

Title            DIRECTOR  
Name            LEVY, RONALD DDR.  
Address        3270 SUNTREE BOULEVARD  
                 SUITE 216  
City-State-Zip: MELBOURNE FL 32940

Title            TRES  
Name            WITSMAN, MARK  
Address        3270 SUNTREE BOULEVARD  
                 SUITE 216  
City-State-Zip: MELBOURNE FL 32940

Title            SECRETARY  
Name            ROCHESTER, DALWIN  
Address        3270 SUNTREE BOULEVARD  
                 SUITE 216  
City-State-Zip: MELBOURNE FL 32940

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL OCHIPA

**PRESIDENT**

**04/20/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date