

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000002745

**Entity Name:** BELLA VILLINO COMMUNITY ASSOCIATION, INC.

**FILED**  
**Feb 02, 2022**  
**Secretary of State**  
**0851987052CC**

**Current Principal Place of Business:**

PROGRESSIVE COMMUNITY MANAGEMENT INC  
3701 SOUTH OSPREY AVENUE  
SARASOTA, FL 34239

**Current Mailing Address:**

PROGRESSIVE COMMUNITY MANAGEMENT INC  
3701 SOUTH OSPREY AVENUE  
SARASOTA, FL 34239

**FEI Number:** 20-2522783

**Certificate of Status Desired:** No

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

PROGRESSIVE COMMUNITY MANAGEMENT INC  
3701 SOUTH OSPREY AVENUE  
SARASOTA, FL 34239 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 VPD  
Name SAIDIAN, MAX  
Address 3701 SOUTH OSPREY AVENUE  
City-State-Zip: SARASOTA FL 34239

Title SECRETARY  
Name BRINLING, FLO  
Address 3701 SOUTH OSPREY AVENUE  
City-State-Zip: SARASOTA FL 34239

Title DIRECTOR  
Name CONNOR, RICHARD  
Address 3701 SOUTH OSPREY AVENUE  
City-State-Zip: SARASOTA FL 34239

Title TREASURER  
Name HAFHEY, KATHLEEN  
Address 3701 SOUTH OSPREY AVENUE  
City-State-Zip: SARASOTA FL 34239

Title PRESIDENT  
Name SCHALK, KEITH  
Address PROGRESSIVE COMMUNITY  
MANAGEMENT INC  
3701 SOUTH OSPREY AVENUE  
City-State-Zip: SARASOTA FL 34239

*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:** KEITH SCHALK

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02/02/2022

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

\_\_\_\_\_  
Date