

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719481 (4)

1. Corporation Name

CASA BELLA CONDOMINIUM ASSOCIATION INC.



Principal Place of Business

940 RIDGE ROAD
LANTANA FL 33462

Mailing Address

940 RIDGE ROAD
LANTANA FL 33462

3. Date Incorporated or Qualified

10/12/1970

3a. Date of Last Report

01/03/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0011164

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

NISKANEN, WILLIAM
421 VIRGINIA DR
LAKE WORTH FL 33481

10. Name and Address of New Registered Agent

81

Name

TALVITIE, ANJA

82

Street Address (P.O. Box Number is Not Acceptable)

940 RIDGE ROAD

83

84

City

LANTANA

FL

85

Zip Code

33462

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HAKAMAA, OLLI	
STREET ADDRESS	940 RIDGE ROAD	
CITY - ST - ZIP	LANTANA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FORSS, LEILA	
STREET ADDRESS	940 RIDGE ROAD	
CITY - ST - ZIP	LANTANA FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	NISKANEN, WILLIAM	
STREET ADDRESS	421 VIRGINIA DR	
CITY - ST - ZIP	LAKE WORTH FL	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HAKAMAA, ANTTI	
1.3 STREET ADDRESS	710 N 7th Street	
1.4 CITY - ST - ZIP	LANTANA, FL 33462	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	AARI, RAIMO	
2.3 STREET ADDRESS	940 RIDGE ROAD	
2.4 CITY - ST - ZIP	LANTANA, FL 33462	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TALVITIE, ANJA	
3.3 STREET ADDRESS	940 RIDGE ROAD	
3.4 CITY - ST - ZIP	LANTANA, FL 33462	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 040596 407-5887968
Raimo Aari Date Daytime Phone
CK 4/28/96 (Anni Hakamainen)

CR2E037 (12/95)