## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 10 1997 8:00am

Secretary of State

Panuary 27, 1997

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 719481

1. Corporation Name

(4

## CASA BELLA CONDOMINIUM ASSOCIATION INC.

Principal Place of Business Mailing Address											,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		******					
940 RIDGE ROAD LANTANA FL 33462				940 RIDGE ROAD LANTANA FL 33462-1454														
										3. D	Date Incorp 10/12	orated or C /1970	ualified	<b>3a.</b> Da	te of L 04/2	ast Re 8/199	port 6	
2. Principal Pl	lace of Busin	24	2a. Mailing Address						4. FEI Number						Apj	olied I	For	
21				26						65-0011164						Not Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.						5. Certificate of Status Desired								
City & State				City & State								mpaign Fina		·		5.00		
23				28						Trust Fund Contribution								
Zip	Country						Country			This corporation has liability for intangible tax under s. 199.032,								
24	25			29 30						Florida Statutes Yes No  10. Name and Address of New Registered Agent								
9. Name and Address of Current Registered Agent										10. N	Name and	Address of	New Re	w Registered Agent				
							81	Na	me									
TALVITIE, ARJA							82	Str	eet Addre	ress (P.O. Box Number is Not Acceptable)								
940 RID	GE ROAD																	
LANTAN	A FL 3346	2					83											
							84	Cit	.,		<u> </u>				85	Zip C	ode	
									•	,				FL	1 1			
11. Pursuant office or ragent. La	to the provis egistered ag m familiar wi	ions of Sections ent, or both, in t ith, and accept t	617.0502 and he State of Flo he obligations	617.1508, rida. Such of, Section	Florida Statu change was 617.0503, Fl	tes, the authoriz lorida St	above ed by atutes	e-nar / the s	ned corpo corporatio	oration on's bo	submits thi pard of dire	is statemen ctors. I here	t for the p by accer	ourpose of ot the app	chane ointme	ging Its ent as i	regis egist	stered ered
SIGNATURE																		
SIGIVITORE .	Signature, typed	or printed name of reg			(NO			ent sign	ature requires					DATE				
12.	, <u>.</u>	OFFIC	ERS AND DIR			13				A	DDITIONS/	CHANGES	TO OFFIC	CERS AND			_	
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NAME		aa, antti				1.2	NAME											
STREET ADDRESS					1.3			1.3 STREET ADDRESS										
CITY - ST - ZIP	LANTAN	IA FL 33462					1.4 CITY-SY-ZIP											
TITLE	PD				DELETE	2.1	TITLE		1		•					nange		Addition
NAME	AARI, R	OMIA					2.2 NAME											
STREET ADDRESS								2.3 STREET ADDRESS										ļ
CITY - ST - ZIP	LANTAN	IA FL 33462					2.4 CITY-ST-ZIP											
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NAME	TALVITI					3.2	NAME											
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NAME	<u> </u>					4. 3	2 NAME		7	Tali	vilie .	Laug	Y					
STREET ADDRESS						4.3	STREET	T ADDA										
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NAME						5.2	NAME											
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CITY-ST-ZIP							CITY-											
TITLE					DELETE		TITLE	= - ="							□ c	hange		Addition
NAME							NAME											
STREET ADDRESS						1	STREE		RESS									
ALLICE I DOONEDS																		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 any attachment with an address.