## **FILED 2002 UNIFORM BUSINESS REPORT (UBR)** Aug 26, 2002 8:00 am Secretary of State DOCUMENT # 719481 1. Entity Name 08-26-2002 90055 003 \*\*\*\*61.25 CASA BELLA CONDOMINIUM ASSOCIATION INC. Principal Place of Business Mailing Address 940 RIDGE ROAD 940 RIDGE ROAD LANTANA FL 33462 LANTANA FL 33462 9765482. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0011164 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <del>- Seppanen. Petri</del>--940-RIDGE-RD: #2= IDGE LAKE WORTH FL 33462 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. 8-23-02 (NOTE: Registered Agent signature required when reinstating) After September 13, 2002, 9. Election Campaign Financing \$5.00 May Be Make Check Payable to П min. will be \$236,25. Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 VD. TITLE ☐ Delete TITI F TUSA, JUHANI NAME STREET ADDRESS 940 RIDGE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33462 TITLE TD ☐ Delete TUSA, JUMANI NAME STREET ADDRESS 940 RIDGE ROAD STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP Lantana FL 33462 TITLE TITLE Delete ☐ Change ■ Addition NAME PETRI, SEPPANEN: NAME STREET ADDRESS 940 RIDGE ROAD STREET ADDRESS CITY-ST-ZIP LANTANA FL 33462 CITY-ST-ZIP TITLE Delete ☐ Change Addition SEPPANEN, PAULINA NAME NAME STREET ADDRESS 940 RIDGE RD. #2 STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33462 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I 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 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.

CITY-ST-ZIP

SIGNATURE:

8-23-02