

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 09, 2004 8:00 am**  
**Secretary of State**

09-09-2004 90012 015 \*\*\*\*70.00

**DOCUMENT # 719481**

1. Entity Name

CASA BELLA CONDOMINIUM ASSOCIATION INC.



Principal Place of Business

940 RIDGE ROAD  
LANTANA FL 33462

Mailing Address

940 RIDGE ROAD  
LANTANA FL 33462

NEW ADDRESS

2. Principal Place of Business

3. Mailing Address

7245 SMITHBROOKE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

L.W. FL

City & State

City & State

LAKE WORTH, FLA

Zip

Country

Zip

Country

33467

4. FEI Number

65-0011164

Applied For

Not Applicable

5. Certificate of Status Desired

A

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAYATNIA, ALIREZA  
940 RIDGE ROAD  
LANTANA FL 33462

7. Name and Address of New Registered Agent

Name ALIREZA BAYATNIA

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

7245 SMITHBROOKE DR.

LAKE WORTH

City

FL

Zip Code 33467

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	TUSA, JUHANI	
STREET ADDRESS	940 RIDGE RD	
CITY-ST-ZIP	LAKE WORTH FL 33462	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TUSA, JUMANI	
STREET ADDRESS	940 RIDGE ROAD	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BAYATNIA, ALIREZA	
STREET ADDRESS	940 RIDGE ROAD	
CITY-ST-ZIP	LANTANA FL 33462	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Alireza Bayatnia 9/2/04 561-876-4441