

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90032 036 ****61.25

DOCUMENT # 721338

1. Entity Name
BELLA COSTA, INC.



Principal Place of Business
**200 SANTA MARIA ST
VENICE, FL 34285**

Mailing Address
**200 SANTA MARIA ST
VENICE, FL 34285**

40020883



01072008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-1514643

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARGUS MANAGEMENT OF VENICE, INC.
181 CTR RD
VENICE, FL 34285**

Name

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

City

FL

Zip Code

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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 ☐ Delete
NAME **D**
STREET ADDRESS **SIRIGNANO, JIM**
CITY-ST-ZIP **240 SANTA MARIA ST #D-328
VENICE, FL 34285**

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **GOOD, MAX**
CITY-ST-ZIP **200 SANTA MARIA ST.
VENICE, FL 34285**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **MCDONALD, PAT**
CITY-ST-ZIP **250 SANTA MARIA ST #120
VENICE, FL 34285**

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **LORENZ, JIM**
CITY-ST-ZIP **240 SANTA MARIA ST #D-222
VENICE, FL 34285**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BONADONNA, ELISEN**
CITY-ST-ZIP **230 SANTA MARIA STREET #433
VENICE, FL 34285**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **VLISMAS, MARY**
CITY-ST-ZIP **260 SANTA MARIA ST #305
VENICE, FL 34285**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Richard Hofferbert**
CITY-ST-ZIP **220 Santa Maria St. #138
VENICE, FL 34285**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #