

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # 739629

1. Entity Name

CASA BELLA CONDOMINIUM APTS., INC.



Principal Place of Business

Mailing Address

2015 MADISON ST.
OFFICE BOX
HOLLYWOOD FL 33020
US

2015 MADISON ST.
OFFICE BOX
HOLLYWOOD FL 33020
US



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

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1837546

Applied For

Not Applicable

Zip

Country

BROWARD

Zip

Country

BROWARD

1st MOORE

CR2E037 (10/06)

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

SCHMITZ, HEIDI E
2015 MADISON ST #204
HOLLYWOOD FL 33020

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

Heidi E. Schmitz Heidi E. SCHMITZ, TS

4/16/07

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: C ☐ Delete
NAME: THOMPSON, JOSEPH
STREET ADDRESS: 2015 MADISON ST #203
CITY-STATE-ZIP: HOLLYWOOD FL 33020

TITLE: ☐ Change ☐ Addition
NAME: **000000760842**
STREET ADDRESS: **05/25/07-80032-003 61.25**
CITY-STATE-ZIP:

TITLE: PD ☐ Delete
NAME: WEINSTEIN, ROBERT
STREET ADDRESS: 2015 MADISON ST. #201
CITY-STATE-ZIP: HOLLYWOOD FL 33020

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: TS ☐ Delete
NAME: SCHMITZ, HEIDI E.
STREET ADDRESS: 2015 MADISON ST #204
CITY-STATE-ZIP: HOLLYWOOD FL 33020

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: DC ☐ Delete
NAME: MAXWELL, LORRAINE
STREET ADDRESS: 2015 MADISON ST., #101
CITY-STATE-ZIP: HOLLYWOOD FL 33020

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: V ☐ Delete
NAME: ZOPPY, MAURICE
STREET ADDRESS: 2015 MADISON ST., #205
CITY-STATE-ZIP: HOLLYWOOD FL 33320

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: C ☐ Delete
NAME: BOURBOUIN, MICHELLE
STREET ADDRESS: 2015 MADISON ST #202
CITY-STATE-ZIP: HOLLYWOOD FL 33020

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Heidi E. Schmitz Heidi E. SCHMITZ, TS *4/16/07* *954-4944694*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #