

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90023 009 ****61.25

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1. Entity Name

LEE CASA BELLA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

16381 DUBLIN CIRCLE 5-108
104
FT MYERS FL 33908
US

Mailing Address

C/O CFS
14871 HOLE-IN-ONE CIRCLE #308
FORT MYERS FL 33919
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1971543

Applied For

Not Applicable

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

WHITE, MARY M
CONDOMINIUM FINANCIAL SERVICES
14871 HOLE-IN-ONE CIRCLE #308
FORT MYERS FL 33919

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 is required when reinstating)

DATE

FILE NOW - 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 S
DUES CECIL A
STREET ADDRESS 16320 DUBLIN CIRCLE
CITY-ST-ZIP FORT MYERS FL 33908

TITLE ☐ Delete
NAME P
CARLSON, PAUL
STREET ADDRESS 16341 DUBLIN CR
CITY-ST-ZIP FORT MYERS FL 33908

TITLE ☐ Delete
NAME D
ORAVETS, RAYMOND
STREET ADDRESS 16381 DUBLIN CIR #201
CITY-ST-ZIP FORT MYERS FL 33908

TITLE ☐ Delete
NAME T
SCHWAB, RAY E
STREET ADDRESS 16320 DUBLIN CIR
CITY-ST-ZIP FT MYERS FL 33908

TITLE ☐ Delete
NAME V
FRANKLIN, RICH
STREET ADDRESS 16340 DUBLIN CIR.
CITY-ST-ZIP FT. MYERS FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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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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 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:

[Signature]

Paul W. Carlson

3/17/08