


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 755157**  
 7. Entity Name  
**CASA BELLO CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**815 3RD AVE. SW**                      **815 3RD AVE SW**  
**LARGO, FL 33770**                      **LARGO, FL 33770**

**DO NOT WRITE IN THIS SPACE**



01252006 No Chg-NP      CR2E037 (11/05)

4. FEI Number      Applied For  
**59-2321376**      Not Applicable

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

6. Name and Address of Current Registered Agent

**KING, JOANNE**  
**815 3RD AVE. SW**  
**#7**  
**LARGO, FL 33770**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	PARSON, ALLAN
STREET ADDRESS	815 3RD AVE. SW, #4
CITY-ST-ZIP	LARGO, FL 33770
TITLE	ST
NAME	KING, JOANNE
STREET ADDRESS	815 3RD AVE., SW#7
CITY-ST-ZIP	LARGO, FL 33770
TITLE	D
NAME	GALLAGHER, ANNA
STREET ADDRESS	821 3RD AVE SW #5
CITY-ST-ZIP	LARGO, FL 33770
TITLE	VP
NAME	MCNALLY, DONALD
STREET ADDRESS	821 3RD AVE., SW #2
CITY-ST-ZIP	LARGO, FL 33770
TITLE	D
NAME	KOBLEUR, RICHARD
STREET ADDRESS	815 3RD AVE. SW, #5
CITY-ST-ZIP	LARGO, FL 33770
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000501044  
 04/25/06-80046-002 61.25

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:** *Donna McNally, Secy/Treas.*      **4/7/06**      **727-559-0064**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Day      Caytime Phone #