

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755157

FILED
Apr 07, 2009
Secretary of State

Entity Name: CASA BELLO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

815 3RD AVE. SW
LARGO, FL 33770

New Principal Place of Business:

Current Mailing Address:

815 3RD AVE SW
LARGO, FL 33770

New Mailing Address:

FEI Number: 59-2321376

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PARSON, ALLAN
Address: 815 3RD AVE. SW, #4
City-St-Zip: LARGO, FL 33770

Title: ST () Delete
Name: KING, JOANNE
Address: 815 3RD AVE., SW#7
City-St-Zip: LARGO, FL 33770

Title: D () Delete
Name: WHITE, STEVE
Address: 821 3RD AVE SW, # 4
City-St-Zip: LARGO, FL 33770

Title: VP () Delete
Name: MCNALLY, DONALD
Address: 821 3RD AVE., SW #2
City-St-Zip: LARGO, FL 33770

Title: D () Delete
Name: KOBLEUR, RICHARD
Address: 815 3RD AVE. SW, #5
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE M KING

ST

04/07/2009

Electronic Signature of Signing Officer or Director

Date