

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000002729

1. Entity Name
CASABELLA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

1900 SOUTH HARBOR CITY BLVD.
SUITE 221
MELBOURNE, FL 32901

Mailing Address

1900 SOUTH HARBOR CITY BLVD.
SUITE 221
MELBOURNE, FL 32901



01152007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number

42-1535442

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NOHRR, PHILIP ESQ
C/O GRAY, ROBINSON
1800 WEST HIBISCUS BLVD
MELBOURNE, FL 32901

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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

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, 2007

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

000000624039
02/14/07-80014-013 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LEVY, RONALD D
STREET ADDRESS 1900 SOUTH HARBOR CITY BLD., SUITE 221
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE STD
NAME LEVY, NORMA
STREET ADDRESS 1900 SOUTH HARBOR CITY BLVD SUTIE 221
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Norma Levy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/07 (321) 984-2579
Date Daytime Phone #