

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002729

FILED
Mar 04, 2008
Secretary of State

Entity Name: CASABELLA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 42-1535442

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOHRR, PHILIP ESQ
C/O GRAY, ROBINSON
1800 WEST HIBISCUS BLVD
MELBOURNE, FL 32901 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: PD () Delete
Name: LEVY, RONALD D
Address: 1900 SOUTH HARBOR CITY BLD., SUITE 221
City-St-Zip: MELBOURNE, FL 32901

Title: STD () Delete
Name: LEVY, NORMA
Address: 1900 SOUTH HARBOR CITY BLVD SUTIE 221
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: NORMA LEVY

STD

03/04/2008

Electronic Signature of Signing Officer or Director

Date