2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005583

FILED Mar 06, 2007 Secretary of State

Entity Name: CASA BELLA OF VERO BEACH HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
PO BOX 6 PERO BEA	:43697 ACH, FL 32964	US		6TH SQUARE ACH, FL 32967	US	
Current Mailing Address:			New Maili	New Mailing Address:		
PO BOX 6 PERO BEA	43697 ACH, FL 32964	US				
El Number	: 54-2103912	FEI Number Applied For ()	El Number Not App	licable () C	ertificate of Status Desired ()	
lame and	l Address of C	urrent Registered Agent:	Name and	Address of Nev	v Registered Agent:	
152 W. 1	MICHAEL J 6TH SQUARE H, FL 32967	US		**		
he above	e named entity s	ubmits this statement for the purp	ose of changing i	is realstered offic	e or registered agent, or both.	
	e named entity s e of Florida.	ubmits this statement for the purp	ose of changing i	is registered offic	e or registered agent, or both,	
n the State	e of Florida.	ubmits this statement for the purp	oose of changing i	ts registered offic	e or registered agent, or both,	
the State	e of Florida. RE:	ubmits this statement for the purp c Signature of Registered Agent	oose of changing i	is registered offic	e or registered agent, or both, Date	
n the State	e of Florida. RE:	c Signature of Registered Agent				
n the State	e of Florida. RE: Electroni S AND DIRECT	c Signature of Registered Agent ORS: Delete EL J QUARE		IS/CHANGES TO	Date	
n the State SIGNATUI DFFICER: ittle: lame: .ddress:	e of Florida. RE: Electroni S AND DIRECT D, P () DAILEY, MICHA 4152 W. 16TH S VERO BEACH, F	c Signature of Registered Agent ORS: Delete EL J GUARE EL 32967 US Delete D GUARE	ADDITION Title: Name: Address:	IS/CHANGES TO	Date OFFICERS AND DIRECTOR	
n the State PFFICER ttle: ame: ddress: ity-St-Zip: ttle: ame: ddress:	e of Florida. RE: Electroni S AND DIRECT D, P () DAILEY, MICHA 4152 W. 16TH S VERO BEACH, F D, T () GORMAN, DAVII 4142 W. 16TH S VERO BEACH, F	c Signature of Registered Agent FORS: Delete EL J EQUARE EL 32967 US Delete DEQUARE EL 32967 Delete ET QUARE	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	IS/CHANGES TO	Date DOFFICERS AND DIRECTOR nange () Addition nange () Addition nange () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL J. DAILEY D,P 03/06/2007