

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005583

FILED
Mar 03, 2008
Secretary of State

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

Current Principal Place of Business:

4152 W. 16TH SQUARE
VERO BEACH, FL 32967 US

New Principal Place of Business:

4162 W. 16TH SQUARE
VERO BEACH, FL 32967 US

Current Mailing Address:

PO BOX 643697
VERO BEACH, FL 32964 US

New Mailing Address:

FEI Number: 54-2103912 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAILEY, MICHAEL J
4152 W. 16TH SQUARE
VERO BCH, FL 32967 US

Name and Address of New Registered Agent:

COLMEY, JOHN
4162 W. 16TH SQUARE
VERO BCH, FL 32967 US

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: JOHN COLMEY

03/03/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D, P () Delete
Name: DAILEY, MICHAEL J
Address: 4152 W. 16TH SQUARE
City-St-Zip: VERO BEACH, FL 32967 US

Title: D, T () Delete
Name: GORMAN, DAVID
Address: 4142 W. 16TH SQUARE
City-St-Zip: VERO BEACH, FL 32967

Title: D, S () Delete
Name: WICHMAN, JANET
Address: 4135 E. 16TH SQUARE
City-St-Zip: VERO BEACH, FL 32967

Title: D, V () Delete
Name: COLMEY, JOHN
Address: 4162 W. 16TH SQUARE
City-St-Zip: VERO BEACH, FL 32967

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D, P (X) Change () Addition
Name: COLMEY, JOHN
Address: 4162 W. 16TH SQUARE
City-St-Zip: VERO BEACH, FL 32967 US

Title: D, T (X) Change () Addition
Name: GORMAN, DAVID J
Address: 4142 W. 16TH SQUARE
City-St-Zip: VERO BEACH, FL 32967

Title: D, S (X) Change () Addition
Name: BOSCHKER, JAMES I
Address: 4177 W. 16TH SQUARE
City-St-Zip: VERO BEACH, FL 32967

Title: D, V (X) Change () Addition
Name: NEWMAN, ROBERTA K
Address: 4122 W. 16TH SQUARE
City-St-Zip: VERO BEACH, FL 32967

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: DAVID J GORMAN

DR.

03/03/2008

Electronic Signature of Signing Officer or Director

Date