

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006650

FILED  
Jan 08, 2008  
Secretary of State

**Entity Name:** BELLA GRANDE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

5353 GULF BLVD  
ST PETE BEACH, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

5901 SUN BLVD  
203  
ST. PETERSBURG, FL 33715

**New Mailing Address:**

**FEI Number:** 11-3715053      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NEWTON, WILLIAM  
5901 SUN BLVD.  
203  
ST PETERSBURG, FL 33715 US

**Name and Address of New Registered Agent:**

PBM  
5901 SUN BLVD.  
203  
ST PETERSBURG, FL 33715 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: WCN

01/08/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LAIEWSKI, STAN J  
Address: 5901 SUN BLVD  
City-St-Zip: ST PETERSBURG, FL 33715

Title: STD ( ) Delete  
Name: GADACZ, TOM  
Address: 5901 SUN BLVD  
City-St-Zip: ST PETERSBURG, FL 33715

Title: D ( ) Delete  
Name: AXON, JIM  
Address: 5901 SUN BLVD.  
City-St-Zip: ST PETERSBURG, FL 33715

**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:

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: WCN

RA

01/08/2008

Electronic Signature of Signing Officer or Director

Date