


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90088 005 ****61.25

DOCUMENT # N03000007790 1. Entity Name TERRA BELLA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5230 ST. REGIS PL ORLANDO, FL 32812				Mailing Address 5230 ST. REGIS PL ORLANDO, FL 32812	
2. Principal Place of Business - No P.O. Box # 1710 Virginia Dr.		3. Mailing Address 1710 Virginia Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Orlando, FL		City & State Orlando, FL		4. FEI Number 20-2139736	
Zip 32803		Country Orange		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIS, GARY 5230 ST. REGIS PL ORLANDO, FL 32812				7. Name and Address of New Registered Agent Name: <u>Karyn Wiest</u> Street Address (P.O. Box Number is Not Acceptable) <u>1710 Virginia Drive</u> City: <u>Orlando</u> FL Zip Code <u>32803</u>	
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: <u>[Signature]</u> <u>Karyn Wiest</u> <u>1/18/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PRES NAME JASEWIC, LYNN H STREET ADDRESS 1724 VIRGINIA DRIVE CITY-ST-ZIP ORLANDO, FL 32803	<input type="checkbox"/> Delete				
TITLE VPD NAME FIORILLO, ANTHONY 1 STREET ADDRESS 1718 VIRGINIA DRIVE CITY-ST-ZIP ORLANDO, FL 32803	<input type="checkbox"/> Delete				
TITLE VPD NAME DIVITO, DANIELE STREET ADDRESS 1728 VIRGINIA DRIVE CITY-ST-ZIP ORLANDO, FL 32803	<input type="checkbox"/> Delete				
TITLE ST NAME WIEST, KARYN STREET ADDRESS 1708 VIRGINIA DRIVE CITY-ST-ZIP ORLANDO, FL 32803	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u>[Signature]</u> <u>Karyn Wiest MD</u> <u>1/18/07</u> <u>321-223-1489</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40009823



01172007 Chg-NP CR2E037 (12/06)