

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90031 044 \*\*\*150.00

<b>DOCUMENT # N03000007790</b>					
<b>1. Entity Name</b> TERRA BELLA CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 1710 VIRGINIA DRIVE ORLANDO, FL 32803			<b>Mailing Address</b> 1710 VIRGINIA DRIVE ORLANDO, FL 32803		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-2139736	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
WEST, KARYN 1710 VIRGINIA DRIVE ORLANDO, FL 32803			Name: <u>SUZANNE GOLDSTEIN</u> Street Address (P.O. Box Number is Not Acceptable): <u>1710 VIRGINIA DR.</u> City: <u>ORLANDO</u> <u>FL</u> Zip Code: <u>32803</u>		
<b>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.</b>					
SIGNATURE: <u>Suzanne Goldstein</u> <u>SUZANNE GOLDSTEIN</u> <u>4/28/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PRES <b>NAME</b> JASEWIC, LYNN H <b>STREET ADDRESS</b> 1724 VIRGINIA DRIVE <b>CITY-ST-ZIP</b> ORLANDO, FL 32803	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> TD <b>NAME</b> SUZANNE GOLDSTEIN <b>STREET ADDRESS</b> 1730 VIRGINIA DR. <b>CITY-ST-ZIP</b> ORLANDO, FL 32803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VPD <b>NAME</b> FIORILLO, ANTHONY 1 <b>STREET ADDRESS</b> 1718 VIRGINIA DRIVE <b>CITY-ST-ZIP</b> ORLANDO, FL 32803	<input type="checkbox"/> Delete		<b>TITLE</b> PRES <b>NAME</b> FIORILLO, ANTHONY <b>STREET ADDRESS</b> 1718 VIRGINIA DR. <b>CITY-ST-ZIP</b> ORLANDO, FL 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VPD <b>NAME</b> DIVITO, DANIELLE <b>STREET ADDRESS</b> 1728 VIRGINIA DRIVE <b>CITY-ST-ZIP</b> ORLANDO, FL 32803	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> OF S <b>NAME</b> WEST, KARYN <b>STREET ADDRESS</b> 1708 VIRGINIA DRIVE <b>CITY-ST-ZIP</b> ORLANDO, FL 32803	<input type="checkbox"/> Delete		<b>TITLE</b> S <b>NAME</b> WEST, KARYN <b>STREET ADDRESS</b> 1708 VIRGINIA DR. <b>CITY-ST-ZIP</b> ORLANDO, FL 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> KEVIN <b>NAME</b> O'CONNELL VPD <b>STREET ADDRESS</b> 1706 VIRGINIA DR. <b>CITY-ST-ZIP</b> ORLANDO, FL 32803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> SARA <b>NAME</b> WELLS VPD <b>STREET ADDRESS</b> 1712 VIRGINIA DR. <b>CITY-ST-ZIP</b> ORLANDO, FL 32803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Suzanne Goldstein</u> <u>SUZANNE GOLDSTEIN</u> <u>4/28/08</u> <u>407-896-6257</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					