

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007849

FILED
Jan 12, 2008
Secretary of State

Entity Name: STRADA BELLA AT OLDE CYPRESS NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

3135 SANTORINI COURT
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 990222
NAPLES, FL 34116

New Mailing Address:

FEI Number: 51-0533943

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEANGELIS, STEVE
3135 SANTORINI COURT
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, STEVEN
Address: 3072 STRADA BELLA CT.
City-St-Zip: NAPLES, FL 34119

Title: T () Delete
Name: TATRO, THOMAS
Address: 3100 STRADA BELLA CT.
City-St-Zip: NAPLES, FL 34119

Title: S () Delete
Name: REIMER, DAVID
Address: 3112 STRADA BELLA CT.
City-St-Zip: NAPLES, FL 34119

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: STEVE DEANGELIS

MANA

01/12/2008

Electronic Signature of Signing Officer or Director

Date