


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90049 039 ****70.00

DOCUMENT # N04000008669	
1. Entity Name BELLA TERRA OF VENICE COMMUNITY ASSOCIATION, INC.	

Principal Place of Business 2033 MAIN STREET STE 303 SARASOTA, FL 34237	Mailing Address 2033 MAIN STREET STE 303 SARASOTA, FL 34237
---	---

2. Principal Place of Business 6009 Business Blvd Suite, Apt. #, etc.	3. Mailing Address 6009 Business Blvd Suite, Apt. #, etc.
---	---

City & State Sarasota, FL	City & State Sarasota, FL
Zip 34240	Country U.S.A

6. Name and Address of Current Registered Agent SABA, RICHARD D 2033 MAIN STREET STE 303 SARASOTA, FL 34237	
--	--

40017862



01122005 Chg-NP CR2E037 (10/03)

4. FEI Number 20-1430814	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired	\$8.75 Additional Fee Required
----------------------------------	--------------------------------

7. Name and Address of New Registered Agent	
Name Thomas Filippello	
Street Address (P.O. Box Number is Not Acceptable) 6009 Business Blvd.	
City Sarasota	FL Zip Code 34240


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:  Thomas J.D. Filippello President 2/3/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Thomas J.D. Filippello 2/3/5 (941) 922-3480 x.228
Signature, typed or printed name of signing officer or director Date Daytime Phone #