


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000008669</b> 1. Entity Name <b>BELLA TERRA OF VENICE COMMUNITY ASSOCIATION, INC.</b>	
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Principal Place of Business <b>6009 BUSINESS BOULEVARD SARASOTA, FL 34240</b>	Mailing Address <b>6009 BUSINESS BOULEVARD SARASOTA, FL 34240</b>
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01062006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1630814</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  <b>FILIPPELLO, THOMAS 6009 BUSINESS BOULEVARD SARASOTA, FL 34240</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FILIPPELLO, THOMAS 6009 BUSINESS BOULEVARD SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAGER, BILL 6009 BUSINESS BOULEVARD SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST THOMPSON, JOCE 6009 BUSINESS BOULEVARD SARASOTA, FL 34240
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/28/06-80004-007 70.00

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:**  **Thomas S D Filippello** **2/23/06** **941-922-3480 x.228**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #