

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90127 013 ****70.00

DOCUMENT # N04000008669

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



Principal Place of Business
**6009 BUSINESS BOULEVARD
SARASOTA, FL 34240**

Mailing Address
**6009 BUSINESS BOULEVARD
SARASOTA, FL 34240**

40045214



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

03262007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-1630814

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**FILIPPELLO, THOMAS
6009 BUSINESS BOULEVARD
SARASOTA, FL 34240**

7. Name and Address of New Registered Agent
Name **Joce Thompson**
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 **Joce Thompson** **Joce Thompson** **3/27/07**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is **\$61.25**
Due by **May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FILIPPELLO, THOMAS		NAME	Bill Hager	
STREET ADDRESS	6009 BUSINESS BOULEVARD		STREET ADDRESS	6009 Business Blvd.	
CITY-ST-ZIP	SARASOTA, FL 34240		CITY-ST-ZIP	Sarasota, FL 34240	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAGER, BILL		NAME	Cecelia Davie	
STREET ADDRESS	6009 BUSINESS BOULEVARD		STREET ADDRESS	6009 Business Blvd.	
CITY-ST-ZIP	SARASOTA, FL 34240		CITY-ST-ZIP	Sarasota, FL 34240	
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, JOCE		NAME		
STREET ADDRESS	6009 BUSINESS BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34240		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: **Joce Thompson** **3/26/07** **941-922-3980**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #