2007 NOT-FOR-PROFIT CORPORATION

Feb 19, 2007 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # N04000010298 02-19-2007 90052 007 ****61.25 LA BELLA VITA CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 40020070 220-108 AVE C/O LAMONT MGMT TREASURE ISLAND, FL 33706 250 104TH AVE TREASURE ISLAND, FL 33706 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Numbe 30-0282775 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAMONT, SUE ~ 250 104TH AVE Street Address (P.O. Box Number is Not Acceptable) SAINT PETERSBURG, FL 33706

City Zip Code FL 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 il applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DP ☐ Delete TITLE ☐ Change ☐ Addition TITLE CZYSZCZON, ROMAN NAME NAME 220 108 AVE 504 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG, FL 33706 CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition MCDONALD, CHRISTOPHER NAME NAME 220 108 AVE 202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TREASURE ISLAND, FL 33706 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE ARMSTRONG, STEVE NAME NAME 220 108TH AVE 402 STREET ADDRESS STREET ADDRESS SAINT PETERSBURG, FL 33706 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE 🔀 Delete MARSHLAR, DAN NAME NAME STREET ADDRESS 825 CAPRI BLVD STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG, FL 33706 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition LOEFGREN, RICHARD NAME NAME 220 108TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG, FL 33706 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 attachyfent with an address, with all other liber impowered.

SIGNATURE:

PRESIDENT

FILED

Applied For

Not Applicable