
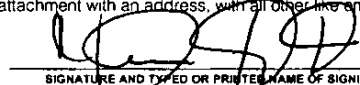


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90020 025 ****61.25

DOCUMENT # N05000004211			
1. Entity Name CASA BELLA NEIGHBORHOOD ASSOCIATION, INC.			
Principal Place of Business 24301 WALDEN CENTER DR STE 300 BONITA SPRINGS, FL		Mailing Address 24301 WALDEN CENTER DR STE 300 BONITA SPRINGS, FL	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>8409 No. Military Trl, Ste 123</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>W/O Cheryl, Edgard & Smith, PA</i>	
City & State		City & State <i>Palm Beach Gardens, FL</i>	
Zip	Country	Zip <i>33410</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent		4. FEI Number 20-2744200	
HASTINGS, VIVIEN N 24301 WALDEN CENTER DR STE 300 BONITA SPRINGS, FL 34134		Applied For Not Applicable	
7. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Name		CR2E037 (12/06)	
Street Address (P.O. Box Number is Not Acceptable)			
City		FL	
Zip Code			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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	PD BYAL, TIM 101 EAST TOWN PLACE-SUITE 300 SAINT AUGUSTINE, FL 32092 <input checked="" 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	VPD SCHUMAKER, JAMES 101 EAST TOWN PLACE - SUITE 300 ST. AUGUSTINE, FL 32092 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Schumaker, James <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 101 East Town Place, Ste 300 St. Augustine, FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TIEBOUT-TOURON, MARCIENNE 24301 WALDEN CENTER DR BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Tiebout-Touron, Marcienne <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 24301 Walden Center Dr. Bonita Springs, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KEITH, SYLVIA 24301 WALDEN CTR DR BONITA SPRINGS, FL 34134 <input checked="" 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	VD Roessle, Aggie <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 24301 Walden Center Dr. Bonita Springs, FL 34134
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 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: 		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			