

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004211

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: CASA BELLA NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

24301 WALDEN CENTER DR STE 300  
BONITA SPRINGS, FL

**New Principal Place of Business:**

7 FLORIDA PARK DRIVE NORTH  
SUITE C  
PALM COAST, FL 32137

**Current Mailing Address:**

8409 N MILITARY TRL STE 123  
C/O CHERRY, EDGAR & SMITH PA  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

POST OFFICE BOX 351266  
PALM COAST, FL 32135

FEI Number: 20-2744200

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HASTINGS, VIVIEN N  
24301 WALDEN CENTER DR STE 300  
BONITA SPRINGS, FL 34134 US

**Name and Address of New Registered Agent:**

ANNON, FRED JR  
7 FLORIDA PARK DRIVE NORTH  
SUITE C  
PALM COAST, FL 32137 US

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.

SIGNATURE: FRED ANNON, JR.

04/15/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SCHUMAKER, JAMES  
Address: 101 EAST TOWN PLACE - SUITE 300  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: STD ( ) Delete  
Name: TIEBOUT-TOURON, MARCIENNE  
Address: 24301 WALDEN CENTER DR  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VD ( ) Delete  
Name: ROESSLE, AGGIE  
Address: 24301 WALDEN CENTER DR  
City-St-Zip: BONITA SPRINGS, FL 34134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HENDERSON, ROBERT P  
Address: POST OFFICE BOX 351266  
City-St-Zip: PALM COAST, FL 32135

Title: VPD (X) Change ( ) Addition  
Name: COTTRELL, JAMES  
Address: POST OFFICE BOX 351266  
City-St-Zip: PALM COAST, FL 32135

Title: S/TD (X) Change ( ) Addition  
Name: REINERT, PETER  
Address: POST OFFICE BOX 351266  
City-St-Zip: PALM COAST, FL 32135

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT P. HENDERSON

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date