2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004221

FILED Apr 24, 2007 Secretary of State

Entity Name: CONDOMINIUM ASSOCIATION OF CASA BELLA I, INC. Y

Current Principal Place of Business: New Principal Place of Business:

31 AVENUE DE LA MER 7 FLORIDA PARK DRIVE NORTH PALM COAST, FL 32137

SUITE C

PALM COAST, FL 32137

ANNON, FRED JR

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 351266 31 AVENUE DE LA MER PALM COAST, FL 32137 PALM COAST, FL 32135

FEI Number: 20-2744361 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HASTINGS, VIVIEN N 24301 WALDEN CENTER DR #300

7 FLORÍDA PARK DRIVE NORTH BONITA SPRINGS, FL 34134 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. 04/24/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete WARD, GEORGE HENDERSON, ROBERT P Name: Name: 101 E TOWN PL STE 300 Address: POST OFFICE BOX 351266 Address: City-St-Zip: ST AUGUSTINE, FL 32092 City-St-Zip: PALM COAST, FL 32137

Title: () Delete Title: (X) Change () Addition SCHUMAKER, JAMES Name: KROLICKI, JANET Name:

Address: 101 E TOWN PL STE 300 Address: POST OFFICE BOX 351266 City-St-Zip: ST AUGUSTINE, FL 32092 City-St-Zip: PALM COAST, FL 32137

Title: () Delete Title: VP/D (X) Change () Addition

MARCIENNE, TIEBOUT TOURON NANCI, JAMES Name: Name: 24301 WALDEN CTR DR POST OFFICE BOX 351266 Address: Address:

City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: PALM COAST, FL 32135

Title: Title: (X) Change () Addition () Delete KETIH, SYLVIA Name: Name: COTTRELL, JAMES

24301 WALDEN CTR DR POST OFFICE BOX 351266 Address: Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: PALM COAST, FL 32135

Title: () Delete Title: () Change (X) Addition

PATTON, ROSS Name: Name:

POST OFFICE BOX 351266 Address: Address: City-St-Zip: 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 PD 04/24/2007