2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N05000004221

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 351266
PALM COAST, FL 32135

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HENDERSON, ROBERT P
Address: POST OFFICE BOX 351266
City-St-Zip: PALM COAST, FL 32137

Title: S/T ( ) Delete
Name: KROLICKI, JANET
Address: POST OFFICE BOX 351266
City-St-Zip: PALM COAST, FL 32137

Title: VP/D ( ) Delete
Name: NANCI, JAMES
Address: POST OFFICE BOX 351266
City-St-Zip: PALM COAST, FL 32135

Title: D ( ) Delete
Name: COTTRELL, JAMES
Address: POST OFFICE BOX 351266
City-St-Zip: PALM COAST, FL 32135

Title: D ( ) Delete
Name: FISHER, MARILYN
Address: P O BOX 351266
City-St-Zip: PALM COAST, FL 32135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S/TD (X) Change ( ) Addition
Name: HENDERSON, ROBERT P
Address: POST OFFICE BOX 351266
City-St-Zip: PALM COAST, FL 32137

Title: PD (X) Change ( ) Addition
Name: KROLICKI, JANET
Address: POST OFFICE BOX 351266
City-St-Zip: PALM COAST, FL 32137

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JANET KROLICKI P 04/15/2009

Electronic Signature of Signing Officer or Director — Date