

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90014 047 ****61.25

DOCUMENT # N05000005932

1. Entity Name

**BELLA COSTA AT MEDITERRANEAN MANORS
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**2637 MCCORMICK DR
CLEARWATER FL 33759**

Mailing Address

**2637 MCCORMICK DR
CLEARWATER FL 33759**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-4162537

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CLINE, HARRY S ESQ.
625 COURT ST STE 200
CLEARWATER FL 33756**

7. Name and Address of New Registered Agent

Name

G. E. FLOWERS

Street Address (P.O. Box Number is Not Acceptable)

2637 MCCORMICK DR.

City

CLEARWATER

FL

Zip Code

33759

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **FLOWERS, G.E.**
STREET ADDRESS **2637 MCCORMICK DR**
CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE **VD** ☐ Delete
NAME **MILLER, LARRY**
STREET ADDRESS **2637 MCCORMICK DR**
CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE **STD** ☐ Delete
NAME **JACZKO, THERESA**
STREET ADDRESS **2637 MCCORMICK DR**
CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

G. E. Flowers

3-6-06