## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 26, 2007 8:00 am

DOCUMENT # N0500005932  1. Entity Name BELLA COSTA AT MEDITERRANEAN MANORS CONDOMINIUM ASSOCIATION, INC.				Secretary of Stat 01-26-2007 90033 003 ****61.25								
Principal Place of Business 2637 MCCORMICK DR CLEARWATER, FL 33759		Mailing Address 2637 MCCORMICK DR CLEARWATER, FL 33759	9					ZIII. IBIBD IIITB 13	1881 <b>6</b> 1 1 <b>96</b> 1			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01032007	Chg-NP	CR2E0	37 (12/06)				
City & Stat	e	City & State			4. FEI Numbe 20-4162				oplied For ot Applicable			
Zip	Country	Zip	Country			of Status Desire		\$8.75 Add Fee Require				
	6. Name and Address of Currer	t Registered Agent			7. Name and			Agent				
FLOWERS			Name FLOWERS, G.E.									
	ORMICK DR ATER, FL 33759			Street Address (P.O. Box Number is Not Acceptable)								
			City	CLEARWATER FL Zip Code 33759								
8. The above	named entity submits this statement	for the purpose of changing its re	eaistered office	or register	red agent, or both	i. in the State of	f Florida. Lam	familiar with.	and accept			
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    C.E.FLOWERS												
	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: I	Registered Agent sig	sature required	I when reinstating)		DATE	f				
	Signature, typed or printed name of registered ago Filling Fee is \$61.25 Oue by May 1, 2007	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees		DATE	k payable t				
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND D	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be	F	Make chec Florida Depa	k payable to	tate			
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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:

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