2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 17, 2007 8:00 am Secretary of State 04-17-2007 90044 020 ****61.25 DOCUMENT # N05000006634 BELLA VILLINO III CONDOMINIUM ASSOCIATION, INC. 40064221 Principal Place of Business Mailing Address 4100 CENTRAL SARASOTA PARKWAY 4100 CENTRAL SARASOTA PARKWAY SARASOTA, FL 34238 SARASOTA, FL 34238 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052007 Chg-NP CR2E037 (12/06) 4. FEI Number 20-3167424 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RYSKAMP, PATRICK W 200 SOUTH ORANGE AVENUE Street Address (P.O. Box Number is Not Acceptable) SARASOTA, FL 34236 Zip Code City FL 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 Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. П Florida Department of State Added to Fees Due by May 1, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Change ☐ Addition TITLE ☐ Delete ROCCO, DEFINA NAME 4122 CTRL SARASOTA PKWY 1926 STREET ADDRESS STREET ADDRESS SARASOTA, FL 34238 CUY-ST-7IP CITY ST ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE RUSSELL, CONSTANTINO NAME 2142 SANOMA DR E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NOKOMIS, FL 34275 CITY ST ZIP STD ☐ Change ☐ Addition TITLE Delete nne CARAS, NICK NAME 4197 HEARTHSTONE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34238 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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 empty ered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the rece changed, or on an attachmen Rocco

CITY ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

SIGNATURE:

CITY-S1-ZIP

CITY-ST-7IP

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

07

Daytime Phone #

Change

■ Addition

FILED