

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90004 043 ****61.25

DOCUMENT # N05000006634

1. Entity Name
BELLA VILLINO III CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**4100 CENTRAL SARASOTA PARKWAY
SARASOTA, FL 34238**

Mailing Address
**4100 CENTRAL SARASOTA PARKWAY
SARASOTA, FL 34238**

40054104



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03182008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
20-3167424

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RYSKAMP, PATRICK W
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236**

Name

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

City

FL

Zip Code

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
Due by May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME **ROCCO, DEFINA**
STREET ADDRESS **4122 CTRL SARASOTA PKWY 1926**
CITY-ST-ZIP **SARASOTA, FL 34238**

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

TITLE VPD ☒ Delete
NAME **RUSSELL, CONSTANTINO**
STREET ADDRESS **2142 SANOMA DR E**
CITY-ST-ZIP **NOKOMIS, FL 34275**

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

TITLE STD ☐ Delete
NAME **CARAS, NICK**
STREET ADDRESS **4197 HEARTHSTONE DR**
CITY-ST-ZIP **SARASOTA, FL 34238**

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Change ☒ Addition
NAME **LAWRENCE BELLE**
STREET ADDRESS **37 FRENCH Rd**
CITY-ST-ZIP **ROCHESTER NY 14618**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☐ Change ☒ Addition
NAME **VINCENT SUPPLICICH**
STREET ADDRESS **4134 CENTRAL SARASOTA PARKWAY #1723**
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NICK CARAS
3/27/08

941-966-9720