2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2007 8:00 am Secretary of State

04-26-2007 90235 005 ****61.25

DOCUMEN	IT # N0	500000	18202



1. Entity Name BELLA VILLINO V CONDOMINIUM ASSOCIATION, INC. 40084116 Principal Place of Business Mailing Address 4100 CENTRAL SARASOTA PARKWAY 4100 CENTRAL SARASOTA PARKWAY SARASOTA, FL 34238 SARASOTA, FL 34238 3. Mailing Address 2. Principal Place of Business - No PO Boy # Suite, Apt. #, etc. Suite, Apt. #, etc. 04132007 Chg-NP CR2E037 (12/06) Applied For 4. FEI Number 20-3286915 City & State City & State Not Applicable Zip Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RYSKAMP, PATRICK W. Street Address (P.O. Box Number is Not Acceptable) 200 S. ORANGE AVE. 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 | 1 am familiar with, and accept SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. PD Change ☐ Addition ☐ Defete HILE THLE TAYLOR, J. DAVID NAME MAME 4100 CENTRAL SARASOTA PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST ZIP SARASOTA, FL 34238 CHY ST ZIP Change VD Addition ☐ Delete HILE HITCE TAYLOR, ELIZABETH E. NAME NAME STREET ADDRESS 4100 CENTRAL SARASOTA PARKWAY STREET ADDRESS SARASOTA, FL 34238 CITY ST ZIP CITY - \$1 - ZIP TSD STD ☐ Change Addition Delete THEF TITLE Berg Ryan 4152 Central Savasota Parkway, Unit 721 HOLMES, PAMELA NAME NAME 4100 CENTRAL SARASOTA PARKWAY STREET ADDRESS STREET ADDRESS Sava sota, FL 34238 SARASOTA, FL 34238 CITY ST ZIP CITY ST-ZIP ☐ Change ☐ Addition ☐ Delete THE THEE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP ☐ Defete me ☐ Change Addition DILLE NAMÉ STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE THILE NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. Further certify that the information indicated on this report or supplemental report is true and accurate and final 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 attachi

CITY \$1 ZIP

SIGNATURE:

1 Elizaboth & Taylor 4/13/07 941-408-0067