2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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BELLA VILLINO VI CONDOMINIUM ASSOCIATION, INC. 400003411 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. 03182008 CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 20-3286959 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RYSKAMP, PATRICK W. 200 SOUTH ORANGE AVE. 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. 1 am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition TAYLOR, J. DAVID NAME NAME STREET ADDRESS 4100 CENTRAL SARASOTA PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SARASOTA, FL 34238 Addition VD Delete TITLE D ☐ Change TITLE TAYLOR, ELIZABETH E. NAME PAMELA HOLMES 4100 CENTRAL SARASOTA PARKWAY 4100 CENTRAL SARASOTA PARKWAY STREET ADDRESS STREET ADORESS SARASOTA, FL 34238 CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL TITLE TSD ☐ Delete TITLE ☐ Change ☐ Addition MICKA, THOMAS NAME NAME STREET ADDRESS 4190 CENTRAL SARASOTA PARKWAY, UNIT 44 STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34238 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 I use of the propowered 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 apply less, with all other like empowered.

SIGNATURE:

J. DAVID TAYLOR O'OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR