2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N05000008211

SIGNATURE:



FILED Apr 13, 2006 8:00 am Secretary of State 04-13-2006 90282 040 ****70.00

BELLA VI	LLINO IV CONDOMINIUM	ASSOC	IATION, INC.							
Principal Place of Business 4100 CENTRAL SARASOTA PARKWAY SARASOTA, FL 34238		Mailing Address 4100 CENTRAL SARASOTA PARKWAY SARASOTA, FL 34238			1 100H/S1 SH SENSI	arın: a p ın a p ın s g:	II 28171 89181 IB		HEI EI ISEI	
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01312006 _{Cr}	ng-NP	CR2E03	7 (11/05)		
City & State		City & State				4. FEI Number	328674	 15		plied For
Zip	Country	Zip		Country		5. Certificate of St		62°)	\$8.75 Add Fee Required	itional
	6. Name and Address of Current	Registered	Agent .			7. Name and Add	ress of New R	legistered A	gent	
RYSKAMP, PATRICK W. 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236				Name Street Address (P.O. Box Number is Not Acceptable)						
			City						Zip Çode	9
A The share	named entity submits this statement for			-:			15 - Dista -1 51	FL		
	ions of registered agent,				t signature required			DATE	anska willi,	
	Filing Fee is \$61.25 Due by May 1, 2006		9. Election Camp Trust Fund Cor		cing	\$5.00 May Be Added to Fees			payable to	1
10.	OFFICERS AND DIF	RECTORS		11.		ADDITIONS/CHANG	ES TO OFFICE	RS AND DIF	RECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAYLOR, J. DAVID NA 4100 CENTRAL SARASOTA PARKWAY STR			TITLE NAME STREET ADD CITY-ST-ZI	RESS 4138	ald Sieg 3 Central Sarasota P sota, FL <u>342</u> 38	kwy #1525		Change	☐ Addition
FITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAYLOR, ELIZABETH E 4100 CENTRAL SARASOTA PAR SARASOTA, FL 34238	RKWAY	☐ Detete	TITLE NAME STREET ADD CITY-ST-ZI	RESS 1294) Michelle Szabo 2 Nightshade Place enton, FL 34202			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD HOLMES, PAMELA 4100 CENTRAL SARASOTA PAI SARASOTA, FL 34238	RKWAY	⊠ Delete	TITLE NAME STREET ADD CITY-ST-ZI					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADD CITY-ST-ZI	ŀ				☐ Change	☐ Addition
12. I hereby of indicated of the corchanged	certify that the information supplied with f on this report or supplemental report is reporation or the receiver or trustee emporation or the receiver or trustee emporation or an attachment with an address.	this filing true and a owered to with all oth	does not qualify for t accurate and that my execute this report as er like empowered.	the exemption of the signature of the si	ons contained shall have the by Chapter 617	I in Chapter 119, Flo same legal effect as 7, Florida Statutes; ar	rida Statutes. I if made under nd that my nam	further cert oath; that I a ne appears is	ify that the in am an officer n Block 10 or	formation or director Block 11 if