

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 29, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90018 011 \*\*\*\*61.25

<b>DOCUMENT # N05000011665</b>					
<b>1. Entity Name</b> CASA BELLA OF ANNA MARIA ISLAND CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 5150-A GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228			<b>Mailing Address</b> 46 NORTH WASHINGTON BLVD SUITE 1 SARASOTA, FL 34236		
<b>2. Principal Place of Business - No P.O. Box #</b> 6485 Gulf of Mexico Dr.		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Longboat Key FL		<b>City &amp; State</b>		<b>4. FEI Number</b> APPLIED FOR 20-1305232	
<b>Zip</b> 34228		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  LPS CORPORATE SERVICES, INC. 46 NORTH WASHINGTON BLVD SUITE 1 SARASOTA, FL 34236			<b>7. Name and Address of Now Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when remaining) <span style="float: right;">DATE</span>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	DPS MIONE, TONY 504 KEY ROYALE HOLMES BEACH, FL 34217		<input checked="" type="checkbox"/> Delete		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	DVT JOHNSON, RONALD A 5150-A GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228		<input type="checkbox"/> Delete		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	D JOHNSON, VIRGINIA 5150-A GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228		<input type="checkbox"/> Delete		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	PDVT Johnson, Ronald A. 6485 Gulf of Mexico Dr. Longboat Key FL 34228		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	D Johnson, Virginia 6485 Gulf of Mexico Dr. Longboat Key, FL 34228		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <i>Ronald A Johnson</i>		2/26/2007 941-387-7136			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			

# ATTACHMENT

LIVINGSTON, PATTERSON, STRICKLAND & SIEGEL, P.A.

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66019941

June 26, 2007

## VIA U.S. MAIL

Florida Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Casa Bella of Anna Maria Island Condominium Association, Inc.  
Reference #: N05000011665  
Our file: 06-J0502

Dear Division Representative:

This law firm represents Casa Bella of Anna Maria Island Condominium Association, Inc. We received your letter of March 5, 2007 with regard to missing information on the annual report. We have enclosed the revised report with the FEI number (20-1305232) inserted in the appropriate box.

If there is any additional information you need, or if you have any questions, please contact us.

Very truly yours,

LIVINGSTON, PATTERSON,  
STRICKLAND & SIEGEL, P.A.

  
Susan A. Hughes  
Certified Legal Assistant

Enclosure

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