

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 15, 2008 8:00 am
Secretary of State**

04-15-2008 90024 035 ****61.25

DOCUMENT # N05000011665		
1. Entity Name CASA BELLA OF ANNA MARIA ISLAND CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business 6485 GULF OF MEXICO DR LONGBOAT KEY, FL 34228	Mailing Address 46 NORTH WASHINGTON BLVD SUITE 1 SARASOTA, FL 34236
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LPS CORPORATE SERVICES, INC. 46 NORTH WASHINGTON BLVD SUITE 1 SARASOTA, FL 34236		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDVT JOHNSON, RONALD A 6485 GULF OF MEXICO DR LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT Johnson, Ronald A. 6485 Gulf of Mexico Drive Longboat Key, FL 34228	<input type="checkbox"/> Change <input type="checkbox"/> Addition XXXX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, VIRGINIA 6485 GULF OF MEXICO DR LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Johnson, Virginia 6485 Gulf of Mexico Drive Longboat Key, FL 34228	<input type="checkbox"/> Change <input type="checkbox"/> Addition XXXX
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Hosking, Thomas 6485 Gulf of Mexico Drive Longboat Key, FL 34228	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ronald A. Johnson* RONALD A. JOHNSON 4/11/08 941-387-7136
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #