


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

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90020 049 ****61.25

DOCUMENT # N06000000689 1. Entity Name LA BELLASARA CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 464 GOLDEN GATE POINT SARASOTA, FL 34236	Mailing Address BETH CALLANS MANAGEMENT 595 BAY ISLES RD., SUITE 200 LONGBOAT KEY, FL 34228
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60024052



03252008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-4166928	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BETH CALLANS MANAGEMENT CORP 595 BAY ISLES RD SUITE 200 LONGBOAT KEY, FL 34228
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**DO NOT WRITE
IN THIS SPACE**

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARD, RONALD 464 GOLDEN GATE POINT, #501 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZACCONE, D. R. 464 GOLDEN GATE POINT, #801 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD. WILKES, JAMES 464 GOLDEN GATE POINT, #204 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKINNER, KATHRYN 464 GOLDEN GATE POINT, #602 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLDER, CAROLYN ANN 464 GOLDEN GATE POINT, #201 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/08

941-951-0044