
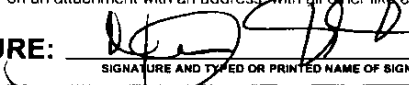


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90020 031 ****61.25

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|--|--|--|--|
| DOCUMENT # N06000002826 | |  | |
| 1. Entity Name CONDOMINIUM ASSOCIATION OF CASA BELLA II, INC. | | | |
| Principal Place of Business 32 AVENUE DE LA MER PALM COAST, FL 32137 | | Mailing Address 32 AVENUE DE LA MER PALM COAST, FL 32137 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address <i>BAD9 No. Military Tel, Stelz</i> | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. <i>C/O Cherry, Edgar & Smith, PA</i> | |
| City & State | | City & State <i>Palm Beach Gardens, FL</i> | |
| Zip | Country | Zip | Country |
| | | <i>33410</i> | <i>USA</i> |
| 6. Name and Address of Current Registered Agent | | 4. FEI Number 20-4501766 | |
| 7. Name and Address of New Registered Agent | | Applied For Not Applicable | |
| HASTINGS, VIVIAN N 24301 WALDEN CENTER DRIVE #300 BONITA SPRINGS, FL 34134 | | 04212008 Chg-NP CR2E037 (12/06) | |
| 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. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| SIGNATURE _____ | | DATE _____ | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | |
| 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 | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BYAL, TIM <input checked="" type="checkbox"/> Delete 101 EAST TOWN PLACE-SUITE 300 SAINT AUGUSTINE, FL 32092 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD SCHUMAKER, JAMES <input type="checkbox"/> Delete 101 EAST TOWN PLACE, SUITE 300 ST AUGUSTINE, FL 32092 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Schumaker, James <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 101 East Town Place, Ste 300 St. Augustine, FL 32092 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD TIEBOUT-TOURON, MARCIENNE <input type="checkbox"/> Delete 24301 WALDEN CENTER DR. BONITA SPRINGS, FL 34134 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD Tiebout-Touron, Marcienne <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 24301 Walden Center Dr. Bonita Springs, FL 34134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S KEITH, SYLVIA <input checked="" type="checkbox"/> Delete 32 AVENUE DE LA MER PALM COAST, FL 32137 | 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 | VD Roessle, Aggie <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 24301 Walden Center Dr. Bonita Springs, FL 34134 |
| 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:  | | Date _____ Daytime Phone # _____ | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |