

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002826

FILED
Apr 15, 2009
Secretary of State

Entity Name: CONDOMINIUM ASSOCIATION OF CASA BELLA II, INC.

Current Principal Place of Business:

32 AVENUE DE LA MER
PALM COAST, FL 32137

New Principal Place of Business:

7 FLORIDA PARK DRIVE NORTH
SUITE C
PALM COAST, FL 32137

Current Mailing Address:

8409 NO. MILITARY TRL, STE 123
C/O CHERRY, EDGAR & SMITH, PA
PALM BEACH GARDENS, FL 33410

New Mailing Address:

POST OFFICE BOX 351266
PALM COAST, FL 32135

FEI Number: 20-4501766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASTINGS, VIVIEN N
24301 WALDEN CENTER DRIVE
#300
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

ANNON, FRED JR.
7 FLORIDA PARK DRIVE NORTH
SUITE C
PALM COAST, FL 32137 US

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.

SIGNATURE: FRED ANNON, JR.

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHUMAKER, JAMES
Address: 101 EAST TOWN PLACE STE 300
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: STD () Delete
Name: MARCIENNE, TIEBOUT-TOURON
Address: 24301 WALDEN CENTER DR.
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VD () Delete
Name: ROESSLE, AGGIE
Address: 24301 WALDEN CENTER DR.
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: REINERT, PETER
Address: POST OFFICE BOX 351266
City-St-Zip: PALM COAST, FL 32135

Title: VPD (X) Change () Addition
Name: STENCLIK, DIANE
Address: POST OFFICE BOX 351266
City-St-Zip: PALM COAST, FL 32135

Title: S/TD (X) Change () Addition
Name: DIETZ, SHARON
Address: POST OFFICE BOX 351266
City-St-Zip: PALM COAST, FL 32135

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER REINERT

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date