

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003305

FILED  
Jul 09, 2008  
Secretary of State

**Entity Name:** BELLA CASA HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

19001 SUNLAKE BLVD.  
LUTZ, FL 33558

**New Principal Place of Business:**

**Current Mailing Address:**

19001 SUNLAKE BLVD.  
LUTZ, FL 33558

**New Mailing Address:**

2189 CLEVELAND STREET  
225  
CLEARWATER, FL 33765

FEI Number: 20-5059963      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BARTOLETTA, JAMES M  
19001 SUNLAKE BLVD.  
LUTZ, FL 33558      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: BARTOLETTA, JAMES M  
Address: 19001 SUNLAKE BLVD.  
City-St-Zip: LUTZ, FL 33558

Title: VD      ( ) Delete  
Name: HANNAH, KIMBERLY A  
Address: 19001 SUNLAKE BLVD.  
City-St-Zip: LUTZ, FL 33558

Title: STD      ( ) Delete  
Name: HANNAH, CHARLES A  
Address: 19001 SUNLAKE BLVD.  
City-St-Zip: LUTZ, FL 33558

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAMES M. BARTOLETTA

PD

07/09/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date