

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010317

FILED
Apr 30, 2007
Secretary of State

Entity Name: GUSTO BELLA VITA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9559 CHALFORD COURT
NAPLES, L3 4109

New Principal Place of Business:

Current Mailing Address:

9559 CHALFORD COURT
NAPLES, L3 4109

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CFRA, LLC
CORPORATE CENTER THREE AT INTERNATIONAL PL
4221 W. BAY BPULEVARD, SUITE 1000
TAMPA, FL 336075736 US

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32303 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: JACQUELINE M. GILES

04/30/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FIORELLA, JACK III
Address: 3800 CORPORATE WOODS DRIVE, SUITE 100
City-St-Zip: BIRMINGHAM, A; 35242

Title: VD () Delete
Name: MOSS, GRACE
Address: 3800 CORPORATE WOODS DRIVE, SUITE 100
City-St-Zip: BIRMINGHAM, A; 35242

Title: STD () Delete
Name: YEILDING, LESLIE
Address: 3800 CORPORATE WOODS DRIVE, SUITE 100
City-St-Zip: BIRMINGHAM, A; 35242

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: JACK FIORELLA III

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date