

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N22158**

1. Entity Name

LA BELLA CASA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O DOMENIC, AVICOLLI  
418 S. ATLANTIC AVE #4  
COCOA BEACH FL 32931

C/O DOMENIC, AVICOLLI  
418 S. ATLANTIC AVE #4  
COCOA BEACH FL 32931



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AVICOLLI, DOMENIC  
418 S. ATLANTIC AVE. #4  
COCOA BEACH FL 32931

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 date of completion

(NOTE: Registered Agent signature is required when re-instating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 PD ☐ Delete  
NAME HANDAL, DAVID  
STREET ADDRESS P. O. BOX 717 N/A  
CITY- ST- ZIP TOTOWA, NJ.

TITLE ☐ Change ☐ Addition  
NAME 000000288967  
STREET ADDRESS 04/22/08-80034-019 61.25  
CITY- ST- ZIP

TITLE TD ☐ Delete  
NAME AVICOLLI, DOMENIC  
STREET ADDRESS 418 S. ATLANTIC AVENUE  
CITY- ST- ZIP COCOA BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE SD ☐ Delete  
NAME HANDAL, DOMINGO  
STREET ADDRESS 12 BATTLE RIDGE TR  
CITY- ST- ZIP TOTOWA NJ

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE SD ☐ Delete  
NAME HANDAL, DOMINGO  
STREET ADDRESS 12 BATTLE RIDGE TR.  
CITY- ST- ZIP TOTOWA, NJ.

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Domenic Avicelli* *Domenic Avicelli* 4/08/08 321-783-2063