

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22158

FILED
Feb 19, 2009
Secretary of State

Entity Name: LA BELLA CASA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

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:

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

Name and Address of New Registered Agent:

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: HANDAL, DAVID
Address: P. O. BOX 717 N/A
City-St-Zip: TOTOWA, NJ.,

Title: TD () Delete
Name: AVICOLLI, DOMENIC
Address: 418 S. ATLANTIC AVENUE
City-St-Zip: COCOA BEACH, FL

Title: SD () Delete
Name: HANDAL, DOMINGO
Address: 12 BATTLE RIDGE TR
City-St-Zip: TOTOWA, NJ

Title: SD () Delete
Name: HANDAL, DOMINGO
Address: 12 BATTLE RIDGE TR.
City-St-Zip: TOTOWA, NJ.,

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:

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: DOMENIC AVICOLLI

RA

02/19/2009

Electronic Signature of Signing Officer or Director

_____ Date