

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N22158

**FILED**  
**Oct 03, 2011**  
**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 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**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:**

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

10/03/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: TD  
Name: AVICOLLI, DOMENIC  
Address: 418 S. ATLANTIC AVENUE  
City-St-Zip: COCOA BEACH, FL 32931 US

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

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

I hereby 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 all other like empowered.

SIGNATURE: DOMENIC AVICOLLI

TD

10/03/2011

Electronic Signature of Signing Officer or Director

Date