2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000166284 1. Entity Name BELLA VILLINO REALTY, INC.					08 OCT 13 PM 2: 58			
Principal Plac 779 COMMEI VENICE, FL	RCE DRIVE, SUITE 1	Mailing Address 779 COMMERCE DRIVE, SUITE 1 VENICE, FL 34292			MELAHASSEE, FLORIDA			
	Tace of Business - No P.O. Box # Contral Sarasota #, etc. Pkwy	Mailing Address 4100 Central Sarasota Suite, Apt. #, etc. Pkmy		1 1861261 III 8611 61317 8611 6311 6	CP35034 (4	ii (Biti diatea		
City & State	e		City & State		10072008 Chg-P	CR2E034 (12/06) Applied For		
Sarasota Fl		Sarasota 1	Sarasota FL Zip Country		20-2170051		Not Applicable	
3°42	38 & USA	34238	·USA		5. Certificate of Status Desired		75 Additio Required	กลเ
	6. Name and Address of Current Re	egistered Agent	Name		7. Name and Address of New	Registered Agent	1	
HINES, CHARLES D 420 N. RIVER RD				Street Address (P.O. Box Number is Not Acceptable)				
VENICE, FL 34293				Circuit Address (1C. Box Address is 1600 Acceptable)				
			City	<u> </u>		F 1 2	ip Code	
The above named entity submits this statement for the purpose of changing its registere					-d	<u> </u>	<u> </u>	
	ions of registered agent.	ne purpose of changing its re	egistered office of	registere	ed agent, or bout, in the state of F	Midd. Familianii	ai Willi, aire	1 accept
SIGNATURE_	Signature, typed or printed name of registered agent and	Hite if applicable (NOTE)	Registered Agent signat			DATE		
	Organizations, typed or president registered agent and	The rappacable. (NOTE:	registered Agent signed	ore recomed	wrieti retistaung)	DAIL		
Am	ended AR is \$61.25	9. Election Campaign Trust Fund Contrib		\$5. (Adde	00 May Be ed to Fees			
10.	OFFICERS AND DI	11.		ADDITIONS/CHANGES TO OF				
TITLE NAME	TAYLOR, JAMES D	(D) Delete	TITLE NAME		000136 10/14/08010	9105) ~~~~	30 ⊛61.2	☐ Addition
STREET ADDRESS CITY-ST-ZIP	779 COMMERCE DRIVÉ, SUITE 1 VENICE, FL 34292		STREET ADDRESS CITY-ST-ZIP		10/14/00==010	QU -UUJ 1	₩D1.C	J
TITLE	VP	☐ Detete	TITLE	Pres	VP, T, D	01/	hange [Addition
NAME Street address	REITNECHT, DAVID 779 COMMERCE DRIVE, SUITE 1		NAME STREET ADDRESS	Rein	s VPT D frecht; David o Central Sarasot	e Pkwy		
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP) >ar	resore, FI 3493	8		
TITLE NAME		Delete	TITLE NAME	Sec. Hol	imes, Pamela, A.		Change [Addition
STREET ADDRESS			STREET ADDRESS	4100	(entral Sarasota	Pkwy		
CITY-ST-ZIP TITLE		☐ Delete	City-St-ZIP Title	Sar	rasota , FL 342		Change [Addition
NAME		L belete	NAME				mango L	
STREET ADDRESS City-St-Zip			STREET ADORESS CITY+ST-ZIP					
TITLE		☐ Delete	TITLE				hange [Addition
name Street address			name Street address					
CITY-ST-ZIP		_	CITY-ST-ZIP					<u> </u>
TITLE		☐ Detete	TITLE NAME				change [Addition
NAME			STREET ADDRESS					
STREET ADDRESS								
STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with the	is filing does not qualify for t	CITY-ST-ZIP	ontained	in Chapter 119 Florida Statutes	I further certify the	at the infor	mation
STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with the on this report or supplemental report is troporation or the receiver or this per proposed.	is filing does not qualify for t ue and accurate and that my ered to execute this report as	<u> </u>	ontained ave the supter 607,	in Chapter 119, Florida Statutes. ame legal effect as if made under Florida Statutes; and that my nam	I further certify that oath; that I am an ne appears in Bloc	at the infor officer or o ck 10 or Blo	mation director ock 11 if
STREET ADDRESS CITY-ST-ZIP 12. I hereby of indicated of the corr changed,	certify that the information supplied with the on this report or supplemental report is treporation or the receiver or truspe empower or on an attachment with an addless, with	is filing does not qualify for t ue and accurate and that my ered to execute this report as h all other like empowered.	the exemptions considerable signature shall his required by Cha					
STREET ADDRESS CITY-ST-ZIP	URE:	is filing does not qualify for use and accurate and that my ered to execute this report as hall other like empowered.	the exemptions considerable signature shall his required by Cha		in Chapter 119, Florida Statutes. ame legal effect as if made under Florida Statutes; and that my name of Taylor 10/1/08 Date Date Date DAVID R. REI			