


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90036 048 \*\*\*\*61.25

DOCUMENT # N02000005146

1. Entity Name  
 BELLA VERDE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
 %CASTLE MANAGEMENT  
 5350 W. ATLANTIC AVE  
 DELRAY BEACH, FL 33484

Mailing Address  
 5350 W. ATLANTIC AVE  
 #100  
 DELRAY BEACH, FL 33484

**50005427**



2. Principal Place of Business  
 15200 Jog Road  
 Suite, Apt. #, etc.  
 SUITE 205

3. Mailing Address  
 15200 Jog Road  
 Suite, Apt. #, etc.  
 SUITE 205

03142006 Chg-NP CR2E037 (11/05)

City & State  
 DELRAY BEACH, FLORIDA

City & State  
 DELRAY BEACH, FLORIDA

Zip  
 33446

Country

Zip  
 33446

Country

4. FEI Number  
 33-1044310

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 RANDALL K. ROGER & ASSOCIATES, P.A.  
 ONE PARK PLACE, SUITE 300  
 621 NW 53 STREET  
 BOCA RATON, FL 33487

7. Name and Address of New Registered Agent  
 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2006

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 NAME STREET ADDRESS CITY-ST-ZIP	PD JOKICH, SAM 6450 BELLA CIRCLE #1204 BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT Robert Conte 6351 Bella Circle # 101 BOYNTON BEACH, FL. 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAVERDURE, RICHARD 6407 BELLA CIRCLE #401 BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MARLA FLEISHER 6351 Bella Circle # 801 BOYNTON BEACH, FL. 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HERSHMAN, STUART 6449 BELLA CIRCLE #101 BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RELYEA, MICHAEL 6302 BELLA CIRCLE #906 BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ROBERT CONTE 6379 Bella Circle # 607 BOYNTON BEACH, FL. 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ANDREW BORQUET 6394 Bella Circle # 1002 BOYNTON BEACH, FL. 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Stuart Hershman 3/22/06 561-276-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #