

Bella Vida at Entrada Homeowners' Association, Inc.

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

FILED

2006 OCT 23 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000010076
1. Entity Name
BELLA VIDA AT ENTRADA HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: 1192 EAST NEWPORT CENTRE DR., STE. 150 DEERFIELD BEACH, FL 33442
Mailing Address: 1192 EAST NEWPORT CENTRE DR., STE. 150 DEERFIELD BEACH, FL 33442

2. Principal Place of Business: 1245 S MILITARY TRAIL
3. Mailing Address: 1245 S MILITARY TRAIL
Suite, Apt. #, etc. SUITE 100

City & State: DEERFIELD BEACH, FL
City & State: DEERFIELD BEACH, FL
Zip: 33442 Country: [Blank]



04152006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent
RODRIGUEZ, JUAN E
80 S.W. 8TH ST.
STE. 2550
MIAMI, FL 33130

4. FEI Number: APPLIED FOR 55-0900476
Applied For: [Not Applicable]
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name: [Blank]
Street Address (P.O. Box Number is Not Acceptable): [Blank]
City: [Blank] FL Zip Code: [Blank]

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	
TITLE: PD NAME: HUMPHRIES, MICHAEL STREET ADDRESS: 1192 EAST NEWPORT CENTRE DR., STE. 150 CITY-ST-ZIP: DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete
TITLE: VD NAME: ROCA, RAFAEL STREET ADDRESS: 1192 EAST NEWPORT CENTRE DR., STE. 150 CITY-ST-ZIP: DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete
TITLE: SD NAME: ALLEN, ALICE A STREET ADDRESS: 1192 EAST NEWPORT CENTRE DR., STE. 150 CITY-ST-ZIP: DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete
TITLE: T NAME: ALBERTSON, KARL STREET ADDRESS: 1192 EAST NEWPORT CENTRE DR., STE. 150 CITY-ST-ZIP: DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: 1245 S MILITARY TRAIL CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: 1245 S MILITARY TRAIL CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: MAGGIORE, MOLLY STREET ADDRESS: 1245 S MILITARY TRAIL CITY-ST-ZIP: DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: 1245 S MILITARY TRAIL CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: 300081123253 STREET ADDRESS: 10/23/06--01059--011 CITY-ST-ZIP: **61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 6/9/06 Daytime Phone #: [Blank]

10/30/06