


## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

05-18-2007 90216 001 \*5,328.75  
N04000010076

FILED

07 MAY 23 PM 1:13

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA  
**66015613**

<b>DOCUMENT # N04000010076</b>					
1. Entity Name <b>BELLA VIDA AT ENTRADA HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business 1245 SOUTH MILITARY TRAIL SUITE 100 DEERFIELD BEACH, FL 33442			Mailing Address 1245 SOUTH MILITARY TRAIL SUITE 100 DEERFIELD BEACH, FL 33442		
2. Principal Place of Business - No P.O. Box # <b>12771 WESTLINKS DRIVE</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>12771 WESTLINKS DRIVE</b> <small>Suite, Apt. #, etc.</small>			
<b>SUITE 9</b> City & State <b>FORT MYERS, FL</b>		<b>SUITE 9</b> City & State <b>FORT MYERS, FL</b>		4. FEI Number <b>55-0900476</b>	
Zip <b>33913</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RODRIGUEZ, JUAN E</b> 80 S.W. 8TH ST. STE. 2550 MIAMI, FL 33130			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUMPHRIES, MICHAEL 1245 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COFFIN, T. FAWN 12771 WESTLINKS DRIVE FORT MYERS, FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROCA, RAFAEL 1245 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PENTECOST, JONATHON 12771 WESTLINKS DRIVE FORT MYERS, FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAGGIORE, MOLLY 1245 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SYVRET, MOLLY A. 12771 WESTLINKS DRIVE FORT MYERS, FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALBERTSON, KARL 1245 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIS, SCOTT 12771 WESTLINKS DRIVE FORT MYERS, FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: <i>Molly A. Syvret</i>			Date: <i>5/8/07</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		