

Bella Vida at Entrada Homeowners' Association, Inc.


04-17-2008 90161 001 *5,818.75
N04000010076

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000010076			
1. Entity Name BELLA VIDA AT ENTRADA HOMEOWNERS' ASSOCIATION, INC			
Principal Place of Business 12771 WESTLINKS DRIVE SUITE 9 FORT MYERS, FL 33913		Mailing Address 12771 WESTLINKS DRIVE SUITE 9 FORT MYERS, FL 33913	
2. Principal Place of Business - No PO Box # 13880 TREELINE AVENUE SOUTH Suite, Apt #, etc SUITE 3		3. Mailing Address 13880 TREELINE AVENUE SOUTH Suite, Apt #, etc SUITE 3	
City & State FORT MYERS, FL		City & State FORT MYERS, FL	
Zip 33913	Country	Zip 33913	Country
4. FEI Number 55-0900476		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, JUAN E 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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 COFFIN, T FAWN 12771 WESTLINKS DRIVE FORT MYERS, FL 33913 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 13880 TREELINE AVENUE SOUTH (CORRECT ADDRESS ONLY)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PENTECOST, JONATHAN 12771 WESTLINKS DRIVE FORT MYERS, FL 33913 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 13880 TREELINE AVENUE SOUTH (CORRECT ADDRESS ONLY)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SYVRET, MOLLY A 12771 WESTLINKS DRIVE FORT MYERS, FL 33913 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RATZ, JAMES 13880 TREELINE AVENUE SOUTH FORT MYERS, FL 33913 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIS, SCOTT 12771 WESTLINKS DRIVE FORT MYERS, FL 33913 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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
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: <u>James Ratz</u>		Date: <u>4/4/8</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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