
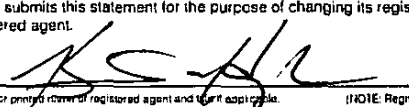
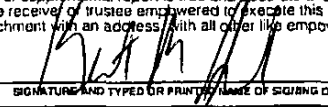


**2008 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

08 OCT 29 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N04000010076			
1. Entity Name BELLA VIDA AT ENTRADA HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 13880 TREELINE AVENUE SOUTH SUITE 3 FORT MYERS, FL 33913		Mailing Address 13880 TREELINE AVENUE SOUTH SUITE 3 FORT MYERS, FL 33913	
2. Principal Place of Business - No P.O. Box # 8359 Beacon Blvd.		3. Mailing Address 8359 Beacon Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fort Myers, FL		City & State Fort Myers, FL	
Zip 33907		Country USA	
Country USA		Zip 33907	
Country USA		Country USA	
6. Name and Address of Current Registered Agent RODRIGUEZ, JUANE 86 S.W. 8TH ST. STE. 2550 MIAMI, FL 33130		7. Name and Address of New Registered Agent Name Hayden & Associates Street Address (P.O. Box Number is Not Acceptable) Attn: Kenneth W. Hayden 8359 Beacon Blvd. City Fort Myers FL Zip Code 33907	
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: 10-24-08 <small>Signature, typed or printed name of registered agent and Florida acceptable. (NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25		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 13880 TREELINE AVENUE SOUTH FORT MYERS, FL 33913 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Brown, Thomas W. 8359 Beacon Blvd. Fort Myers, FL 33907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PENTECOST, JONATHAN 13880 TREELINE AVENUE SOUTH FORT MYERS, FL 33913 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S/T Zernich, Kurt M. 8359 Beacon Blvd. Fort Myers, FL 33907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RATZ, JAMES 13880 TREELINE AVENUE SOUTH FORT MYERS, FL 33913 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Trkla, Thomas N. 8359 Beacon Blvd. Fort Myers, FL 33907 <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 60013743276 10/29/08--01034--009 **61.25
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:  DATE: 10/10/08 <small>Signature and typed or printed name of signing officer or director</small>		Date: 10/30/08	

Kurt M. Zernich

10/30/08