


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

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90045 027 \*\*\*\*61.25

<b>DOCUMENT # N08889</b>			
<b>1. Entity Name</b> BELLA VISTA TERRACE CONDOMINIUM ASSOCIATION, INC.			
<b>Principal Place of Business</b> 160 ISLE OF VENICE FT LAUDERDALE, FL 33301-1459		<b>Mailing Address</b> 160 ISLE OF VENICE FT LAUDERDALE, FL 33301 US	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
BELLA VISTA TERR. CONDO. # 8 160 ISLE OF VENICE FORT LAUDERDALE, FL 33301		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$81.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE VS <input type="checkbox"/> Delete NAME HARDAWAY, THOMAS STREET ADDRESS 160 ISLE OF VENICE #8 CITY-ST-ZIP FT LAUDERDALE, FL	TITLE ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE T <input checked="" type="checkbox"/> Delete NAME LANGSDALE, NANCY STREET ADDRESS 5100 BAYVIEW DR #204 CITY-ST-ZIP FORT LAUDERDALE, FL 33308	TITLE DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME KATHY REGIS STREET ADDRESS PO BOX 532 CITY-ST-ZIP FALMOUTH MA 02540		
TITLE P <input checked="" type="checkbox"/> Delete NAME MARINKOVIC, MILJENKO STREET ADDRESS 160 ISLE OF VENICE APT # 24 CITY-ST-ZIP FORT LAUDERDALE, FL 33301	TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME YUE YAN STREET ADDRESS 160 ISLE OF VENICE # 5 CITY-ST-ZIP FT. LAUDERDALE FL 33301		
TITLE D <input type="checkbox"/> Delete NAME VENIOS, ELLEN STREET ADDRESS 160 ISLE OF VENICE #11 CITY-ST-ZIP FT LAUDERDALE, FL 33301	TITLE A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE D <input checked="" type="checkbox"/> Delete NAME BYERS, BARBARA STREET ADDRESS 160 ISLE OF VENICE #9 CITY-ST-ZIP FORT LAUDERDALE, FL 33301	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME DIANE NIKOLA STREET ADDRESS 399 LOWELL ST CITY-ST-ZIP PEABODY MA 01960		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
<b>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.</b>			
<b>SIGNATURE:</b> <i>Thomas P. Hardaway</i>		THOMAS P. HARDAWAY 7 FEB 06 954.832.0453	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	