


**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90157 013 \*\*\*\*70.00

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # N98000006113**

1. Corporation Name  
**BELLA VERDE PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business 1000 CLINT MOORE ROAD SUITE 110 BOCA RATON FL 33487	Mailing Address 1000 CLINT MOORE ROAD SUITE 110 BOCA RATON FL 33487
--	--

5 6 9 8 6 6 \*  
 569866 - 90018 - 20



2. Principal Place of Business 21	2a. Mailing Address 26 <b>5295 TOWN CENTER RD</b>	3. Date Incorporated or Qualified <b>10/26/1998</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <b>SUITE 200</b>	4. FEI Number <b>FILED (PENDING)</b>
City & State 23	City & State 28 <b>BOCA RATON, FLORIDA</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Zip 29 <b>33486</b>	Country 30 <b>US</b>	

9. Name and Address of Current Registered Agent <b>ENDELSON, KENNETH M 1000 CLINT MOORE ROAD SUITE 110 BOCA RATON FL 33487</b>	10. Name and Address of New Registered Agent 81 Name <b>WILLIAM K. ISAACSON</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>5295 TOWN CENTER RD</b> 83 <b>SUITE 200</b> 84 City <b>BOCA RATON</b> FL 85 Zip Code <b>33486</b>
---	---

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **4-29-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BORG, DEAN</b>		1.2 NAME	
STREET ADDRESS <b>1000 CLINT MOORE ROAD, SUITE 110</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>BOCA RATON FL 33487</b>		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WALSH, NANCY</b>		2.2 NAME	
STREET ADDRESS <b>1000 CLINT MOORE ROAD, SUITE 110</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>BOCA RATON FL 33487</b>		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GRAY, JUDY</b>		3.2 NAME	
STREET ADDRESS <b>1000 CLINT MOORE ROAD, SUITE 110</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>BOCA RATON FL 33487</b>		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** Date **5/23/99**

CR2E037 (1/98)