

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 08:00 AM
Secretary of State
 BY: _____

DOCUMENT # N98000006113 1. Entity Name BELLA VERDE PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 21045 COMMERCIAL TRAIL BOCA RATON FL 33486		Mailing Address 21045 COMMERCIAL TRAIL BOCA RATON FL 33486 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0921487	
6. Name and Address of Current Registered Agent ISAACSON, WILLIAM K C/O LANG MANAGEMENT COMPANY, INC. 21045 COMMERCIAL TRAIL BOCA RATON FL 33486-1006		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
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 fee if applicable (NOTE: Registered Agent signature required when reinstating)</small>					



1st MOORE CR2E037 (10/05)

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GARBER, ROBERT 7620 BELLA VERDE WAY DELRAY BEACH FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add U00000483126 04/11/06-80104-014 70.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GORTZ, JANE 7665 BELLA VERDE WAY DELRAY BEACH FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PERRY, LINDSEY 7541 BELLA VERDE WAY DELRAY BEACH FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEINSTEIN, MURRAY 7564 BELLA VERDE WAY DELRAY BEACH FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARLOWE, EDWARD 7548 BELLA VERDE WAY DELRAY BEACH FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Lindsey Perry - Treas.* 3/23