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2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

24072017



04262004 Chg-NP CR2E037 (10/03)

DOCUMENT # N99000007324			
1. Entity Name BELLA VILLAS A CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 710 SOUTH DIXIE HIGHWAY CORAL GABLES, FL 33146		Mailing Address 710 SOUTH DIXIE HIGHWAY CORAL GABLES, FL 33146	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 65-0970546		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 CORREA, DANNY 710 SOUTH DIXIE HIGHWAY CORAL GABLES, FL 33146		7. Name and Address of New Registered Agent Name <u>David Arnold</u> Street Address (P.O. Box Number is Not Acceptable) <u>8301 S.W. 164 street</u> City <u>Miami</u> FL Zip Code <u>33157-3640</u>	
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 <u>David Correa</u> DATE <u>4-30-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		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	D CORREA, DANNY 710 SOUTH DIXIE HIGHWAY CORAL GABLES, FL 33146 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AROCHE, MARCELINO 1300 W 47 PL #4 HIALEAH, FL 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUIG, JUAN E JR. 710 SOUTH DIXIE HIGHWAY CORAL GABLES, FL 33146 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B BARBOSA, CARIDAD 1300 W 47 PL HIALEAH, FL 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARAN, FERNANDO A JR. 710 SOUTH DIXIE HIGHWAY CORAL GABLES, FL 33146 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ESCOTO, XIOMAKAR 1300 W 47 PL HIALEAH, FL 33012 <input checked="" 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
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 exemption stated in Section 119.07(3)(i), 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>Marcelino Aroche</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/27/04</u> <small>Date Day:time Phone #</small>	