


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90090 012 ****61.25

DOCUMENT # N99000007324

1. Entity Name
BELLA VILLAS A CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

~~710 SOUTH DIXIE HIGHWAY~~ ~~710 SOUTH DIXIE HIGHWAY~~
~~CORAL GABLES FL 33146~~ ~~CORAL GABLES FL 33146~~

2. Principal Place of Business 3. Mailing Address

900 W. 49 St. **900 W. 49 St.**

Suite, Apt. #, etc. Suite, Apt. #, etc.


220 **220**

City & State City & State

HIALEAH, FLORIDA **HIALEAH, FLORIDA**

Zip Country Zip Country

33012 **MIAMI-LADE** **33012** **MIAMI-LADE**



1st MOORE CR2E037 (10/04)

4. FEI Number Applied For

65-0970546 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ARNOLD, DAVID
8301 SW 104 STREET
MIAMI FL 33257-3640

7. Name and Address of New Registered Agent

Name **CLEMENTE J. DELATORRE**

Street Address (P.O. Box Number Not Acceptable)

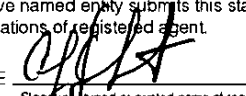
900 W. 49 ST.

STE. 220

City State Zip Code

HIALEAH **FL** **33012**

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 **4/21/05**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$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	PD <input checked="" type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AROCHE, MARCELINO	NAME	GEORGE RUIZ
STREET ADDRESS	1300 W 47 PL #4	STREET ADDRESS	900 W. 49 St. STE. 220
CITY-ST-ZIP	HIALEAH FL 33012	CITY-ST-ZIP	HIALEAH, FL. 33012
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARROSA, CARIDAD	NAME	OSCAR PALOMINO
STREET ADDRESS	1300 W 47 PL	STREET ADDRESS	900 W. 49 St. STE. 220
CITY-ST-ZIP	HIALEAH FL 33012	CITY-ST-ZIP	HIALEAH, FL. 33012
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ESCOTO, XOMARAR	NAME	ALINA ALVAREZ
STREET ADDRESS	1300 W 47 PL	STREET ADDRESS	900 W. 49 St. STE. 220
CITY-ST-ZIP	HIALEAH FL 33012	CITY-ST-ZIP	HIALEAH, FL. 33012
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR