

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736429

Entity Name: BELLA MAR CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**% N-OVATIVE SOLUTIONS
PO BOX 16895
PLANTATION, FL 33318**Current Mailing Address:**% N-OVATIVE SOLUTIONS
PO BOX 16895
PLANTATION, FL 33318 US**FEI Number:** 59-1801076**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LADWIG, KELLY
4787 NW 9TH DRIVE
PLANTATION, FL 33317 US*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.***SIGNATURE:** KELLY LADWIG

04/29/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title VP
Name BRINKWORTH, SALLY
Address % N-OVATIVE SOLUTIONS
PO BOX 16895
City-State-Zip: PLANTATION FL 33318Title DIRECTOR
Name MALLINSON, LORAIN
Address % N-OVATIVE SOLUTIONS
PO BOX 16895
City-State-Zip: PLANTATION FL 33318Title PRESIDENT
Name FITZPATRICK, JAY
Address % N-OVATIVE SOLUTIONS
PO BOX 16895
City-State-Zip: PLANTATION FL 33318Title SECRETARY, TREASURER
Name MICHALOVICZ, KATHY
Address % N-OVATIVE SOLUTIONS
PO BOX 16895
City-State-Zip: PLANTATION FL 33318Title DIRECTOR
Name DI BARTOLO, SALVATORE
Address % N-OVATIVE SOLUTIONS
PO BOX 16895
City-State-Zip: PLANTATION FL 33318

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAY FITZPATRICK

PRESIDENT

04/29/2022

Electronic Signature of Signing Officer/Director Detail

Date