


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90683 014 ****61.25

DOCUMENT # N01000005970 1. Entity Name BELLALAGO COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 201 ALHAMBRA CIRCLE CORAL GABLES, FL 33134			Mailing Address PO BOX 026000 MIAMI, FL 33102		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI NUMBER 65-1142973	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GETMAN, DENNIS J ESQ. 201 ALHAMBRA CIRCLE 12TH FLOOR CORAL GABLES, FL 33134				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <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	PD GETMAN, DENNIS J <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	201 ALHAMBRA CIRCLE 12TH FLOOR			NAME	
STREET ADDRESS	MIAMI, FL 33134			STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	VTD MCNAIRY, CHARLES <input checked="" type="checkbox"/> Delete			TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	201 ALHAMBRA CIRCLE 12TH FLOOR			NAME	Ioria, Anthony
STREET ADDRESS	MIAMI, FL 33134			STREET ADDRESS	900 Towne Center Dr
CITY-ST-ZIP				CITY-ST-ZIP	Poinciana FL 34759
TITLE	SD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERRIGAN, JUANITA I			NAME	
STREET ADDRESS	201 ALHAMBRA CIRCLE 12TH FLOOR			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33134			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	
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: <i>Dennis J. Getman</i> DENNIS J. GETMAN President				Date: <i>April 7, 2004</i> 305-442-7000 Daytime Phone #	