

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000005970					
1. Entity Name BELLALAGO AND ISLES OF 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.		04262006 Chg-NP CRZE037 (11/05)	
City & State		City & State		4. FEI Number 65-1142973	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GETMAN, DENNIS J ESQ. 201 ALHAMBRA CIRCLE 12TH FLOOR CORAL GABLES, FL 33134				7. Name and Address of Now Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
GETMAN, DENNIS J ESQ. 201 ALHAMBRA CIRCLE 12TH FLOOR CORAL GABLES, FL 33134				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO GETMAN, DENNIS J 201 ALHAMBRA CIRCLE 12TH FLOOR CORAL GABLES, FL 33134	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MCNAIRY, CHARLES 201 ALHAMBRA CIRCLE, 12TH FLOOR CORAL GABLES, FL 33134	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KERRIGAN, JUANITA I 201 ALHAMBRA CIRCLE 12TH FLOOR CORAL GABLES, FL 33134	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 517, 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>Juanita I. Kerrigan, Sec/Pir</i> 4/27/06 (305) 442-7000					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					