

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90154 002 \*\*\*\*61.25

DOCUMENT # N02000005146

1. Entity Name  
BELLA VERDE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
15200 JOG ROAD  
SUITE 205  
DELRAY BEACH, FL 33446

Mailing Address  
15200 JOG ROAD  
SUITE 205  
DELRAY BEACH, FL 33446



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03192008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
33-1044310

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RANDALL K. ROGER & ASSOCIATES, P.A.  
ONE PARK PLACE, SUITE 300  
621 NW 53 STREET  
BOCA RATON, FL 33487

Name

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

City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2008

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 VD  
NAME CONTE, ROBERT  
STREET ADDRESS 6351 BELLA CIRCLE #101  
CITY-ST-ZIP BOYNTON BEACH, FL 33437 ☒ Delete

TITLE Hershmann, Stuart  
NAME 6449 Bella Cir. #101  
STREET ADDRESS Boynton Bch. FL 33437 ☒ Change ☐ Addition

TITLE D  
NAME FLEISHER, MARLA  
STREET ADDRESS 6351 BELLA CIRCLE, #801  
CITY-ST-ZIP BOYNTON BEACH, FL 33437 ☒ Delete

TITLE Adler Scott  
NAME 6449 Bella Cir. #1106  
STREET ADDRESS Boynton Bch. FL 33437 ☒ Change ☐ Addition

TITLE STD  
NAME HERSHMAN, STUART  
STREET ADDRESS 6449 BELLA CIRCLE #101  
CITY-ST-ZIP BOYNTON BEACH, FL 33437 ☒ Delete

TITLE Fleischer Marla  
NAME 6351 Bella Cir.  
STREET ADDRESS Boynton Bch. FL 33437 ☒ Change ☐ Addition

TITLE D  
NAME ADLER, SCOTT  
STREET ADDRESS 6436 BELLA CIRCLE, #1106  
CITY-ST-ZIP BOYNTON BEACH, FL 33437 ☒ Delete

TITLE Steinhilber, Brian  
NAME 6449 Bella Cir.  
STREET ADDRESS Boynton Bch. FL 33437 ☒ Change ☐ Addition

TITLE P  
NAME COHEN, ROBERT  
STREET ADDRESS 6379 BELLA CIRCLE #607  
CITY-ST-ZIP BOYNTON BEACH, FL 33437 ☒ Delete

TITLE Laventure Christine  
NAME 6407 Bella Cir. #401  
STREET ADDRESS Boynton Bch. FL 33437 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/08

Date

561-187-0634

Daytime Phone #