

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # N03324

1. Entity Name

BELLA VISTA INDUSTRIAL PARK CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business

1695 W. 39TH PL., UNIT C
HIALEAH, FL 33012

Mailing Address

1695 W. 39TH PL., UNIT C
HIALEAH, FL 33012



01062006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2565781

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NOVO, JESUS
590 WEST 77 ST.
HIALEAH, FL 33014

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IN THIS SPACE**

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 reappointing)

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

TITLE PD
NAME NOVO, JESUS
STREET ADDRESS 590 WEST 77TH ST.
CITY-ST-ZIP HIALEAH, FL 33014

TITLE VPD
NAME NOVO, ISIDORA MIRTHA
STREET ADDRESS 590 WEST 77TH ST.
CITY-ST-ZIP HIALEAH, FL 33014

TITLE ST
NAME NEGRIN, CARLOS
STREET ADDRESS 6180 WEST 22 LANE
CITY-ST-ZIP HIALEAH, FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

01/23/06-80028-001 61.25

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

1-6-06

Date

305-821-7782

Daytime Phone #