## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000001402

FILED Mar 08, 2005 Secretary of State

Entity Name: BELLAVISTA CONDOMINIUM OF HALLANDALE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2700 GLADES CIRCLE, STE. 119 1504 N.W. 158TH AVENUE

WESTON, FL 33327 PEMBROKE PINES, FL 33028 US

Current Mailing Address: New Mailing Address:

2700 GLADES CIRCLE, STE. 119 1504 N.W. 158TH AVENUE

WESTON, FL 33327 PEMBROKE PINES, FL 33028 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VARGAS, OSCAR RODRIGUEZ, JOSE

2700 GLADES CIRCLE, STE. 119 1504 N.W. 158TH AVENUE

WESTON, FL 33327 US PEMBROKE PINES, FL 33028 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: JOSE RODRIGUEZ 03/08/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD () Delete Title: P (X) Change () Addition

Name: VARGAS, OSCAR Name: RODRIGUEZ, JOSE

 Address:
 2700 GLADES CIRCLE, STE. 119
 Address:
 1504 N. W. 158TH AVENUE

 City-St-Zip:
 WESTON, FL 33327
 City-St-Zip:
 PEMBROKE PINES, FL 33028 US

Title: VD ( ) Delete Title: VP (X) Change ( ) Addition

Name: VARGAS, GUILLERMO Name: RODRIGUEZ, CARMEN
Address: 2700 GLADES CIRCLE. STE. 119 Address: 1504 N.W. 158TH AVENUE

City-St-Zip: WESTON, FL 33327 City-St-Zip: PEMBROKE PINES,, FL 33028 US

Title: STD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 VARGAS, ANDRES
 Name:

 Address:
 2700 GLADES CIRCLE, STE. 119
 Address:

 City-St-Zip:
 WESTON, FL 33327
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOSE RODRIGUEZ P 03/08/2005