

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010076

FILED  
Feb 12, 2009  
Secretary of State

**Entity Name:** BELLA VIDA AT ENTRADA HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

8359 BEACON BLVD.  
FORT MYERS, FL 33907

**New Principal Place of Business:**

8359 BEACON BLVD.  
313  
FORT MYERS, FL 33907

**Current Mailing Address:**

8359 BEACON BLVD.  
FORT MYERS, FL 33907

**New Mailing Address:**

8359 BEACON BLVD.  
313  
FORT MYERS, FL 33907

**FEI Number:** 55-0900476

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAYDEN & ASSOCIATES  
ATTN: KENNETH HAYDEN  
8359 BEACON BLVD.  
FORT MYERS, FL 33907 US

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

HAYDEN & ASSOCIATES  
ATTN: KENNETH HAYDEN  
8359 BEACON BLVD. 313  
FORT MYERS, FL 33907 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: \_\_\_\_\_

02/12/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: BROWN, THOMAS W  
Address: 8359 BEACON BLVD.  
City-St-Zip: FORT MYERS, FL 33907

Title: DST ( ) Delete  
Name: ZERNICH, KURT M  
Address: 8359 BEACON BLVD.  
City-St-Zip: FORT MYERS, FL 33907

Title: D ( ) Delete  
Name: TRKLA, THOMAS N  
Address: 8359 BEACON BLVD.  
City-St-Zip: FORT MYERS, FL 33907

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BROWN, THOMAS W  
Address: 8359 BEACON BLVD. 313  
City-St-Zip: FORT MYERS, FL 33907

Title: S (X) Change ( ) Addition  
Name: ZERNICH, KURT M  
Address: 8359 BEACON BLVD. 313  
City-St-Zip: FORT MYERS, FL 33907

Title: V (X) Change ( ) Addition  
Name: TRKLA, THOMAS N  
Address: 8359 BEACON BLVD. 313  
City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: THOMAS BROWN

P

02/12/2009

Electronic Signature of Signing Officer or Director

Date