

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90028 047 ****61.25

| | | | | | |
|---|--|--|---|--|--|
| DOCUMENT # N05000005928 | | | | | |
| 1. Entity Name BELLA GRAND CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business C/O THE CONTINENTAL GROUP 2850 NORTH 28TH TERRACE HOLLYWOOD, FL 33020 | | | Mailing Address C/O THE CONTINENTAL GROUP 2850 NORTH 28TH TERRACE HOLLYWOOD, FL 33020 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 20-3960637 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| LEVINE, SCOTT J BROUGH, CHADROW & LEVINE, P.A. 1900 NORTH COMMERCE PARKWAY WESTON, FL 33326 | | | 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 _____ (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. <input type="checkbox"/> | | \$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 NAME STREET ADDRESS CITY-ST-ZIP | DP FLORES, ANTHONY 728 N.W. 103RD TRAIL, UNIT 13-104 PEMBROKE PINES, FL 33026 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP PEREIRA, IAN 10316 NW 8TH ST UNIT 6-202 PEMBROKE PINES, FL 33026 | |
| | <input type="checkbox"/> Delete | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV PEREIRA, IAN 103 N.W. 8TH STREET, UNIT 6-202 PEMBROKE PINES, FL 33026 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV FLORES, ANTHONY 728 NW 103 TERR UNIT 13-104 PEMBROKE PINES, FL 33026 | |
| | <input type="checkbox"/> Delete | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT SARMIENTO, CARLA 729 N.W. 104TH AVENUE, UNIT 12-104 PEMBROKE PINES, FL 33026 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS BRITANY WALDON 757 NW 103 TERR UNIT 6-101 PEMBROKE PINES, FL 33026 | |
| | <input checked="" type="checkbox"/> Delete | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS VALERA, ROSEL 18245 N.W. 73RD AVENUE, #202 MIAMI, FL 33105 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| | <input checked="" type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DAS HALAMISH, HAGAI 1322 KNOLLWOOD WAY RIVERWOODS, FL 60015 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| | <input checked="" type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| | <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> 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: _____ | | | IAN PEREIRA | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date: 1.24.08 | | |