

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006422

FILED
Apr 29, 2008
Secretary of State

Entity Name: BELLA TERRAZA HOMEOWNERS ASSOCIATION, INC

Current Principal Place of Business:

574 MARMORA AVE
TAMPA, FL 33606

New Principal Place of Business:

11706 N ARMENIA AVE
TAMPA, FL 33612

Current Mailing Address:

574 MARMORA AVE
TAMPA, FL 33606

New Mailing Address:

11706 N ARMENIA AVE
TAMPA, FL 33612

FEI Number: 20-5423271

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEDGES, HARRY S
574 MARMORA AVE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

ROSEMURGY, ALEXANDER S
11706 N ARMENIA AVE
TAMPA, FL 33612 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: ALEXANDER S ROSEMURGY

04/29/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HEDGES, HARRY S
Address: 574 MARMORA AVE
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: BOYLE, TRACI
Address: 574 MARMORA AVE
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: ROSEMURGY, KATHRYN B
Address: 11706 N ARMENIA AVE
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ROSEMURGY, ALEXANDER S
Address: 11706 N ARMENIA AVE
City-St-Zip: TAMPA, FL 33612

Title: D (X) Change () Addition
Name: ROSEMURGY, PERCY
Address: 11706 N ARMENIA AVE
City-St-Zip: TAMPA, FL 33612

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALEXANDER S ROSEMURGY

D

04/29/2008

Electronic Signature of Signing Officer or Director

Date