

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # N06000013134

1. Entity Name  
BELLA VENEZIA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
525 WEST 69 ST  
HIALEAH, FL 33014

Mailing Address  
PO BOX 160310  
HIALEAH, FL 33016



01042008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-8374836

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MARTINEZ, AURELIO  
525 WEST 69 ST #304  
HIALEAH, FL 33014

**DO NOT WRITE  
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

*Aurelio Martinez*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/11/08

DATE

Filing Fee is \$61.25  
Due by May 1, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

U000000864023  
04/03/08-80115-022 61.25

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME MARTINEZ, AURELIO PD  
STREET ADDRESS 525 WEST 69 ST #304  
CITY-ST-ZIP HIALEAH, FL 33014

TITLE SD  
NAME SEVILLA, OFELIA M SD  
STREET ADDRESS 575 WEST 69 ST #111  
CITY-ST-ZIP HIALEAH, FL 33014

TITLE TD  
NAME BLANDINO, REINALDO TD  
STREET ADDRESS 525 WEST 69 ST #107  
CITY-ST-ZIP HIALEAH, FL 33014

TITLE VP  
NAME GUERRA, ELKIN VP  
STREET ADDRESS 575 WEST 69 ST #206  
CITY-ST-ZIP HIALEAH, FL 33014

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*Aurelio Martinez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03/11/08

Daytime Phone #