

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Dec 16, 2009**  
**Secretary of State**

DOCUMENT# N06000013134

**Entity Name:** BELLA VENEZIA CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**525 WEST 69 ST  
HIALEAH, FL 33014**New Principal Place of Business:****Current Mailing Address:**PO BOX 160310  
HIALEAH, FL 33016**New Mailing Address:****FEI Number:** 20-8374836**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MARTINEZ, AURELIO  
525 WEST 69 ST #304  
HIALEAH, FL 33014 US**Name and Address of New Registered Agent:**NEIGHBORHOOD, PROPERTY  
2150 WEST 68 ST # 205  
HIALEAH, FL 33016 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: NEIGHBORHOOD PROPERTY MANAGEMENT

12/16/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MARTINEZ, AURELIO PD  
Address: 525 WEST 69 ST #304  
City-St-Zip: HIALEAH, FL 33014

Title: SD ( ) Delete  
Name: SEVILLA, OFELIA M SD  
Address: 575 WEST 69 ST #111  
City-St-Zip: HIALEAH, FL 33014

Title: TD ( ) Delete  
Name: BLANDINO, REINALDO TD  
Address: 525 WEST 69 ST #107  
City-St-Zip: HIALEAH, FL 33014

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

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

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

Title: TD (X) Change ( ) Addition  
Name: RUIZ, MAYRA E  
Address: 575 WEST 69 ST # 312  
City-St-Zip: HIALEAH, FL 33014

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: NEIGHBORHOOD PROPERTY MANAGEMENT

NPM

12/16/2009

Electronic Signature of Signing Officer or Director

Date