## 2008 NOT-FOR-PROFIT CORPORATION

## FILED Feb 27, 2008 8:00 am Secretary of State

02-27-2008 90014 015 \*\*\*\*61.25

ANNUAL	REPORT	
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## DOCUMENT # N06169 1. Entity Name TERRA BELLA HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address C/O SWIFT MANAGEMENT & SOLUTIONS C/O SWIFT MANAGEMENT & SOLUTIONS 1750 UNIVERSITY DR. #205 1750 UNIVERSITY DR. #205 CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33071 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072008 Chg-NP CR2E037 (12/06) City & State 4. FEI Number 59-2722194 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **SWIFT MANAGEMENT & SOLUTIONS** 1750 UNIVERSITY DR. #205 Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS, FL 33071 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Due by May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. THE ☐ Delete TITLE Change ☐ Addition FERNANDEZ, CYNTHIA NAME NAME STREET ADDRESS 11720 TERRA BELLA BLVD STREET ADDRESS PLANTATION, FL 33325 CITY-ST-ZIP CITY-ST-ZIP DT-TITLE THLE Change Addition Delete NAME SCHAFFER, TERRY NAME 11712 TERRA BELLA BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33325 CITY-ST-7IP D Delete Change TITLE TITLE ☐ Addition HETLER, SUSAN NAME NAME STREET ADDRESS 11740 TERRA BELLA BLVD. STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33325 CITY-ST-ZIE TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIF TITLE ☐ Delete Change THILE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with the indicated on this report or supplemental report is true of the corporation or the receiver or trustee employee does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director 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 SIGNATURE: