

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90041 043 \*\*\*\*61.25

**DOCUMENT # N08889**

1. Entity Name

**BELLA VISTA TERRACE CONDOMINIUM ASSOCIATION, INC**

Principal Place of Business

Mailing Address

160 ISLE OF VENICE  
 FT LAUDERDALE FL 33301-1459

160 ISLE OF VENICE  
 FT LAUDERDALE FL 33301-1459  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-6058535**

Applied For

Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BELLA VISTA TERR. CONDO. # 8**  
**160 ISLE OF VENICE**  
**FT LAUDERDALE FL 33301**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	SHALITTA, JALLY	
STREET ADDRESS	160 ISLE OF VENICE	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HARDAWAY, THOMAS	
STREET ADDRESS	160 ISLE OF VENICE #8	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRITSCH, ART	
STREET ADDRESS	8317 N CREEK RD	
CITY-ST-ZIP	RALEIGH NC	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KNEZICH, GREGG	
STREET ADDRESS	6 MADISON	
CITY-ST-ZIP	MT LAUREL NJ	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BENTHAM, ERNESTINE	
STREET ADDRESS	160 ISLE OF VENICE	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Additor
NAME	MARTY KNEZICH		
STREET ADDRESS	180 ISLE OF VENICE #128		
CITY-ST-ZIP	FT LAUDERDALE FL 33301		
TITLE	TVD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Additor
NAME	HARDAWAY THOMAS #8		
STREET ADDRESS	160 ISLE OF VENICE		
CITY-ST-ZIP	FT LAUDERDALE FL 33301		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Additor
NAME	VENIOS, ELLEN		
STREET ADDRESS	160 ISLE OF VENICE #11		
CITY-ST-ZIP	FT LAUDERDALE FL 33301		
TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Additor
NAME	KNEZICH, GREGG #128		
STREET ADDRESS	180 ISLE OF VENICE		
CITY-ST-ZIP	FT LAUDERDALE FL 33301		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Additor
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** THOMAS HARDAWAY *TH P. H* 31 JAN 00 954-832-0  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #