


**2008 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

04-19-2004 90294 034 ****61.25
N30611

0076369

DOCUMENT # N30611
1. Entity Name
LA BELLA NINA CONDOMINIUM ASSOC. INC.




04 MAY -4 PM 12:07
TALLAHASSEE, FLORIDA

Principal Place of Business
**12904 N.W. 104TH AVE
HIALEAH GARDENS FL 33016**

Mailing Address
**12904 N.W. 104TH AVE
HIALEAH GARDENS FL 33016**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



CHECK HERE IF MAKING CHANGE **03-04**

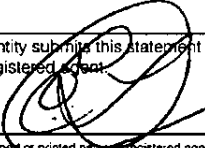
4. FEI Number **65-0172610**
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
LAVERNIA MANNY
**12904 N.W. 104TH AVE
HIALEAH GARDENS FL 33018**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LAVERNIA, MANNY	
STREET ADDRESS	12904 N.W. 104TH AVE	
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LAVERNIA, EUGENIA	
STREET ADDRESS	12904 N.W. 104TH AVE	
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GARCIA, ANGEL	
STREET ADDRESS	12904 N.W. 104TH AVE	
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GARCIA, ROSA	
STREET ADDRESS	12904 N.W. 104TH AVE	
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000024796320	
CITY-ST-ZIP	11/18/03--01020--028 **\$61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000024796320	
CITY-ST-ZIP	02/09/04--01022--029 **\$175.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

03/5/04

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:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/02)