

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30611

FILED  
Apr 19, 2006  
Secretary of State

Entity Name: LA BELLA NINA CONDOMINIUM ASSOC. INC.

**Current Principal Place of Business:**

12904 N.W. 104TH AVE  
HIALEAH GARDENS, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

12904 N.W. 104TH AVE  
HIALEAH GARDENS, FL 33016

**New Mailing Address:**

FEI Number: 65-0172610

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAVERNIA, MANNY  
12904 N.W. 104TH AVE  
HIALEAH GARDENS, FL 33018 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LAVERNIA, MANNY  
Address: 12904 N.W. 104TH AVE  
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: PD ( ) Delete  
Name: LAVERNIA, EUGENIA  
Address: 12904 N.W. 104TH AVE  
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: VD ( ) Delete  
Name: GARCIA, ANGEL  
Address: 12904 N.W. 104TH AVE  
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: TD ( ) Delete  
Name: GARCIA, ROSA  
Address: 12904 N.W. 104TH AVE  
City-St-Zip: HIALEAH GARDENS, FL 33018

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MANNY LAVERNIA

PD

04/19/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date