

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 736429

**Entity Name:** BELLA MAR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

% N-OVATIVE SOLUTIONS  
PO BOX 16895  
PLANTATION, FL 33318

**Current Mailing Address:**

% N-OVATIVE SOLUTIONS  
PO BOX 16895  
PLANTATION, FL 33318 US

**FEI Number: 59-1801076**

**Certificate of Status Desired: No**

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

LADWIG, KELLY  
4787 NW 9TH DRIVE  
PLANTATION, FL 33317 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:** KELLY LADWIG

04/29/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name BRINKWORTH, SALLY  
Address % N-OVATIVE SOLUTIONS  
PO BOX 16895  
City-State-Zip: PLANTATION FL 33318

Title SECRETARY, TREASURER  
Name MICHALOVICZ, KATHY  
Address % N-OVATIVE SOLUTIONS  
PO BOX 16895  
City-State-Zip: PLANTATION FL 33318

Title DIRECTOR  
Name MALLINSON, LORAIN  
Address % N-OVATIVE SOLUTIONS  
PO BOX 16895  
City-State-Zip: PLANTATION FL 33318

Title DIRECTOR  
Name DI BARTOLO, SALVATORE  
Address % N-OVATIVE SOLUTIONS  
PO BOX 16895  
City-State-Zip: PLANTATION FL 33318

Title PRESIDENT  
Name FITZPATRICK, JAY  
Address % N-OVATIVE SOLUTIONS  
PO BOX 16895  
City-State-Zip: PLANTATION FL 33318

*I hereby 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 all other like empowered.*

**SIGNATURE:** JAY FITZPATRICK

PRESIDENT

04/29/2022

Electronic Signature of Signing Officer/Director Detail

Date