

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006531

Entity Name: BELLA TERRAZA CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**355 MONUMENT RD.
JACKSONVILLE, FL 32225**Current Mailing Address:**C/O ARTCRAFT MANAGEMENT, INC.
4447 COX ROAD
GLEN ALLEN, VA 23060 US**FEI Number:** 20-5063334**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DESAI, MAHESH
9045 VISTA WAY
PARKLAND, FL 33076 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	PATEL, HIREN
Address	C/O ARTCRAFT MANAGEMENT, INC. 4447 COX ROAD
City-State-Zip:	GLEN ALLEN VA 23060

Title	PD
Name	PARKER, ALETHEA M
Address	4447 COX ROAD
City-State-Zip:	GLEN ALLEN VA 23060

Title	VD
Name	SHUMAKER, PATRICIA
Address	4447 COX ROAD
City-State-Zip:	GLEN ALLEN VA 23060

Title	TD
Name	MANNS, TAMMY
Address	4447 COX ROAD
City-State-Zip:	GLEN ALLEN VA 23060

Title	SECRETARY
Name	HOPKINS, CARMEN
Address	C/O ARTCRAFT MANAGEMENT, INC. 4447 COX ROAD
City-State-Zip:	GLEN ALLEN VA 23060

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: ALETHEA PARKER**PRESIDENT****04/30/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date