

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 755027**

1. Corporation Name

BELLA VISTA COMMUNITY FACILITIES, INC.

FILL	ipai r	arce i) L	usino
1127	SEMIN	IOLE	E.,	35-A
th IPt7	TER FI	334	77	

2. Principal Place of Business

21

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

1127 SEMINOLE E., 35-A JUPITER FL 33477

FILED Apr 27, 1999 8:00 am § Secretary of State

04-27-1999 90063 027 ****61.25

* 4 4 27096 - 90063 - 27 6 *

3. Date Incorporated or Qualifed

11/06/1980

4. FEI Number



Suite, Apt. #, etc.	ot. #, etc. Suite, Apt. #, etc.				4. FEI Number			Applied For		
22		27				35-11	09992		Not	Applicable
- City & State						5. Certificate of Status Desired		П	\$8.75 Additional	
23		28							Fee Rec	uired
Zip	Country	Zip	Cou	ntry		6. Election	Campaign Financing	П	\$5.00 N	fay Be
24	25 29 30			Trust Fund Contribution				Added to	Fees	
	Name and Address of Current F	legistered Agent				10. Name a	ind Address of New	Registered /	Agent	
			_	81	Name					
DICK MICHAEI	ı v			82	Stroot Acde	ress (P.O. Boy	Number is Not Accent	table)		
PICK, MICHAEL V 1127 SEMINOLE EAST #35A JUPITER FL 33477				02	Street Acdress (P.O. Box Number is Not Acceptable)					
				83						
				I				FL	-	
office or registe	provisions of Sections 617.0502 a gred agent, or both, in the State of miliar with, and accept the obligation	Florida, Such change v	was authorized	ו אמו	the corporation	oration submits on's board of di	this statement for the rectors. I hereby acce	purpose of pt the appoir	changing its r ntment as reg	egistered stered
SIGNATURE Signatu	ure, typed or printed na ne of registered agent ar	nd title if applicable.	(NOT E: Registered	Agent	signature require	d when reinstating)		DATE		
12.	OFFICERS AND		13.			ADDITIO	NS/CHANGES TO OF	FICERS AN		
TITLE DV		DELE	TE 1.1 TF	ΠĒ	Į. ļ) V			Change	Addition
NAME DIET	TER, GLENN	•	1.2 N	WE	16	ICHAR.	D W. WE	Z/NEY	27	
	BELLA VISTA S		1.3 ST	REET	ADDRESS S	CO B	=//4 11/67	14 CO	URTS	-
	TER FL 33477		1,4 CI	TY-ST	-ZIP	UPITE	R, FL	33477		
TITLE DST		☐ DELË	TE 2.1 TΓ	ΠĒ					☐ Change	Addition
	DERWOOD, BONNIE		2.2 N	ME						
	7 SEMINOLE E 1-A		2.3 ST	REET	ADDRESS					
	PITER FL 33477		2.4 C	ITY-S1	T-ZIP					
TITLE DP	TIETT E GOTT	☐ DELE	TE 3.1 TI	TLE					☐ Change	Addition
	K, V. M		3.2 N	ME						
	7 SEMINOLE EAST 14-A		3.3 \$1	REET	ADDRESS					
	TER FL 33477		34.C	ITY-ST	r-ZIP					
TITLE	1121112 00111	☐ DELE							Change	Addition
NAME			4.2 N	AME	1					
STREET ADDRESS			4.3 81	REET	ADDRESS					
CITY-ST-ZIP				TY-ST						
TITLE		☐ DELE							☐ Change	Addition
NAME			5.2 N	AME						
STREET ADDRESS			5.3 ST	REET	ADDRESS					
CITY-ST-ZIP			5.4 CI	TY-ST	-ZIP					
TITLE		☐ DELE							Change	Addition
NAME		_	6.2 N	ME						
1			6.3 ST	REET	ADDRESS					
STREET ADDRESS				TY-ST						
CITY-ST-ZIP	that the information supplied with	this filing does not qua				Section 119.07	(3)(i). Florida Statutes.	I further cen	tify that the ir	formation

indicated on this annual report or supplemental annual report is true and excurate 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 reserver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an affectingent with an address, with all other like empowered.

SIGNATURE:

Applied For