


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 22, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 755027**  
 1. Entity Name  
**BELLA VISTA COMMUNITY FACILITIES, INC.**



Principal Place of Business      Mailing Address  
**1127 SEMINOLE E., 35-A**      **1127 SEMINOLE E., 35-A**  
**JUPITER, FL 33477**      **JUPITER, FL 33477**

**DO NOT WRITE IN THIS SPACE**



02082005 No Chg-NP CR2E037 (10/03)

4. FEI Number **35-1109992** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**PICK, V. MICHAEL**  
**1127 SEMINOLE EAST**  
**#33C**  
**JUPITER, FL 33477**

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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)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PICK, V. MICHAEL
STREET ADDRESS	1127 SEMINOLE EAST # 33C
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	DV
NAME	SHANKS, ROBERT
STREET ADDRESS	740 BELLA VISTA COURT, S
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	DS
NAME	PATRONE, ELEANOR
STREET ADDRESS	1127 SEMINOLE E #8B
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/22/05-80030-022 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Michael Pick (V. Michael Pick) 2/8/05 561-747-5724  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #