

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755028

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: BELLA VISTA HOMEOWNERS ASSOCIATION INC.

**Current Principal Place of Business:**

1127 SEMINOLE EAST  
35A  
JUPITER, FL 33477 US

**New Principal Place of Business:**

**Current Mailing Address:**

1127 SEMINOLE EAST  
35A  
JUPITER, FL 33477 US

**New Mailing Address:**

FEI Number: 59-2155592      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PICK, V MICHAEL  
1127 SEMINOLE EAST  
33C  
JUPITER, FL 33477 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: DP ( ) Delete  
Name: PICK, V MICHAEL  
Address: 1127 SEMINOLE EAST, 33C  
City-St-Zip: JUPITER, FL 33477 US

Title: DVS ( ) Delete  
Name: CICOTTE, DENNIS  
Address: 1127 SEMINOLE EAST, 21C  
City-St-Zip: JUPITER, FL 33477 US

Title: DT ( ) Delete  
Name: SEH, ROBERT  
Address: 1127 SEMINOLE EAST, 26A  
City-St-Zip: JUPITER, FL 33477 US

Title: D ( ) Delete  
Name: WALKER, HENRY  
Address: 1127 SEMINOLE EAST, 31C  
City-St-Zip: JUPITER, FL 33477 US

Title: D ( ) Delete  
Name: DEVANEY, JAMES  
Address: 1127 SEMINOLE EAST, 16A  
City-St-Zip: JUPITER, FL 33477 US

**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:

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

I hereby certify that the information supplied with this filing does not qualify 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: V MICHAEL PICK

DP

03/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date