

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006954

FILED
Jan 22, 2008
Secretary of State

Entity Name: BELLA VISTA AT KISMET LAKES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

390 PONDELLA ROAD
SUITE 9
NORTH FT. MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

390 PONDELLA ROAD
SUITE 9
NORTH FT. MYERS, FL 33903

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

R & A AGENTS, INC.
MICHAEL S. YASHKO
2320 FIRST STREET, SUITE 1000
FORT MYERS, FL 33901 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: PD () Delete
Name: FIOR, DNILLO
Address: 390 PONDELLA ROAD
City-St-Zip: NORTH FT. MYERS, FL 33903

Title: VD () Delete
Name: FIOR, JOHNNY
Address: 390 PONDELLA ROAD
City-St-Zip: NORTH FT. MYERS, FL 33903

Title: STD () Delete
Name: FIOR, DAVID
Address: 390 PONDELLA ROAD
City-St-Zip: NORTH FT. MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FIOR, DANILO
Address: 390 PONDELLA ROAD
City-St-Zip: NORTH FT. MYERS, FL 33903

Title: VD (X) Change () Addition
Name: FIOR, JOHNNY
Address: 390 PONDELLA ROAD
City-St-Zip: NORTH FT. MYERS, FL 33903

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: DANILO FIOR

MGR

01/22/2008

Electronic Signature of Signing Officer or Director

_____ Date