

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 755027

**FILED**  
**Mar 07, 2024**  
**Secretary of State**  
**3909917280CC**

**Entity Name:** BELLA VISTA COMMUNITY FACILITIES,INC.

**Current Principal Place of Business:**

C/O COASTAL PROPERTY MANAGEMENT  
1061 E. INDIANTOWN ROAD SUITE 310  
JUPITER, FL 33477

**Current Mailing Address:**

C/O COASTAL PROPERTY MANAGEMENT  
1061 E. INDIANTOWN ROAD SUITE 310  
JUPITER, FL 33477 US

**FEI Number:** 59-2136626

**Certificate of Status Desired:** No

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

FIELDS & BACHOVE, PLLC  
4440 PGA BLVD., SUITE 308  
PALM BEACH GARDENS, FL 33410 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            PRESIDENT  
Name            LIANA, JOSEPH  
Address        C/O COASTAL PROPERTY  
                  MANAGEMENT  
                  1061 E. INDIANTOWN ROAD SUITE  
                  310  
City-State-Zip: JUPITER FL 33477

Title            DIRECTOR  
Name            KORFIN, ARTHUR  
Address        C/O COASTAL PROPERTY  
                  MANAGEMENT  
                  1061 E. INDIANTOWN ROAD SUITE  
                  310  
City-State-Zip: JUPITER FL 33477

Title            VP  
Name            GALLO, ANTHONY  
Address        C/O COASTAL PROPERTY  
                  MANAGEMENT  
                  1061 E. INDIANTOWN ROAD SUITE  
                  310  
City-State-Zip: JUPITER FL 33477

Title            TREASURER  
Name            BEUTLER, ELIZABETH  
Address        C/O COASTAL PROPERTY  
                  MANAGEMENT  
                  1061 E. INDIANTOWN ROAD SUITE  
                  310  
City-State-Zip: JUPITE FL 33477

*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:** JOSEPH LIANA

**PRESIDENT**

**03/07/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date