## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000005654

FILED Feb 07, 2006 Secretary of State

Entity Name: BELLA VISTA PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

22 BELLA VISTA AVE LAKE WORTH, FL 33460

Current Mailing Address: New Mailing Address:

22 BELLA ISTA AVE LAKE WORTH, FL 33460

FEI Number: 65-0985469 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

JACKSON, R. RANDALL NORCROSS, CHARLES 1717 N FED HWY 10 BELLA VISTA AVE.

LAKE WORTH, FL 33460 US LAKE WORTH, FL 33460 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: CHARLES NORCROSS 02/07/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD ( ) Delete Title: PRES (X) Change ( ) Addition

 Name:
 JACKSON, J. RANDALL
 Name:
 NORCROSS, CHARLES

 Address:
 171 N FED HWY
 Address:
 10 BELLA VISTA AVE

 City-St-Zip:
 LAKE WORTH, FL 33460
 City-St-Zip:
 LAKE WORTH, FL 33460

Title: SD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 PLEASANTON, ANN MARIEL
 Name:

 Address:
 26 BELL VISTA AVE
 Address:

 City-St-Zip:
 LAKE WORTH, FL 33460
 City-St-Zip:

Title: TD () Delete Title: TD (X) Change () Addition

Name:MALOOF, RENEEName:SMITH, JOYAddress:P.O. BOX 880566Address:18 BELLA VISTA AVECity-St-Zip:BOCA RATON, FL 33488City-St-Zip:LAKE WORTH, FL 33460

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES NORCROSS PRES 02/07/2006