

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001749

FILED
May 04, 2004
Secretary of State**Entity Name:** BELLA VISTA GULFCOAST HOMEOWNERS ASSOCIATION, INC**Current Principal Place of Business:**1499 W PALMETTO PARK RD
SUITE 200
BOCA RATON, FL 33486**New Principal Place of Business:**26858 HICKORY BOULEVARD
BONITA SPRINGS, FL 34134**Current Mailing Address:**1499 W PALMETTO PARK RD
SUITE 200
BOCA RATON, FL 33486**New Mailing Address:**26858 HICKORY BOULEVARD
BONITA SPRINGS, FL 34134**FEI Number:** 59-3461157**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KODSI, DANIEL
1499 W PALMETTO PARK RD
SUITE 200
BOCA RATON, FL 33486**Name and Address of New Registered Agent:**HANSEN, GREGORY J
26858 HICKORY BOULEVARD
BONITA SPRINGS, FL 34134

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: GREGORY J. HANSEN

05/04/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KODSI, DANIEL
Address: 1499 W. PALMETTO PARK ROAD, SUITE 200
City-St-Zip: BOCA RATON, FL 33486

Title: D () Delete
Name: TEMKIN, DAVID
Address: 1499 W. PALMETTO PARK ROAD, SUITE 200
City-St-Zip: BOCA RATON, FL 34134

Title: D () Delete
Name: GOLDFARB, STEVEN
Address: 1499 W. PALMETTO PARK ROAD, SUITE 200
City-St-Zip: BOCA RATON, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HANSEN, GREGORY J
Address: 26858 HICKORY BOULEVARD
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DVP (X) Change () Addition
Name: THOMPSON, JUDITH G
Address: 26868 HICKORY BOULEVARD
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DS (X) Change () Addition
Name: SALZMAN, JEFFREY D
Address: 26858 HICKORY BOULEVARD
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GREGORY J. HANSEN

DP

05/04/2004

Electronic Signature of Signing Officer or Director

Date