


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90202 013 \*\*\*\*61.25

<b>DOCUMENT # N01000003920</b> 1. Entity Name <b>BEL VISTA ESTATES HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>1275 S PATRICK DRIVE</b> <b>H</b> <b>SATELLITE BEACH, FL 32937</b>			Mailing Address <b>1275 S PATRICK DRIVE</b> <b>H</b> <b>SATELLITE BEACH, FL 32937</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04242008 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>NOT APPLICABLE</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
<b>FLEIS, EDWARD M</b> <b>1275 S PATRICK DRIVE</b> <b>H</b> <b>SATELLITE BEACH, FL 32937</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
I, 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP</b> <b>FLEIS, EDWARD M</b> <b>1275 S PATRICK DRIVE STE H</b> <b>SATELLITE BEACH, FL 32937</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DVPT</b> <b>FLEIS, BARBARA A</b> <b>1275 S PATRICK DRIVE STE H</b> <b>SATELLITE BEACH, FL 32937</b> <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DVPT</b> <b>Brian J Fleis</b> <b>1275 S Pat Dr Ste H</b> <b>Sat Beach FL 32937</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DS</b> <b>EASON, THOMAS A JR</b> <b>1275 S PATRICK DRIVE STE H</b> <b>SATELLITE BEACH, FL 32937</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DS</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>4.28.08</b> <small>Date</small>	
_____ <small>Daytime Phone #</small>				<b>321-777-2701</b>	