

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90256 010 ****61.25

DOCUMENT # N02000001478 1. Entity Name BELLA VISTA ASSOCIATION, INC.					
Principal Place of Business 4131 GUNN HWY TAMPA, FL 33618			Mailing Address 4131 GUNN HWY TAMPA, FL 33618		
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	01272007 Chg-NP CR2E037 (12/08)	
4. FEI Number 14-1873806				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CIANFRONE, JOSEPH R.P.A. 1968 BAYSHORE BLVD DUNEDIN, FL 34698			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
8. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME CRAWFORD, DANNY <input checked="" type="checkbox"/> Delete STREET ADDRESS 15421 MONTILLA LOOP CITY-ST-ZIP TAMPA, FL 33625	TITLE PD NAME Robert Van Name <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 15413 Montilla Loop CITY-ST-ZIP Tampa, FL 33625				
TITLE VPD NAME GOULD, DAVINA <input type="checkbox"/> Delete STREET ADDRESS 15505 MONTILLA LOOP CITY-ST-ZIP TAMPA, FL 33625	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE TD NAME VAN NAME, ROBERT <input checked="" type="checkbox"/> Delete STREET ADDRESS 15413 MONTILLA LOOP CITY-ST-ZIP TAMPA, FL 33625	TITLE TO NAME Amy Suzanne Rodriguez <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 15317 Lake Bella Vista Drive CITY-ST-ZIP Tampa, FL 33625				
TITLE SD NAME DURNING, JACKIE <input type="checkbox"/> Delete STREET ADDRESS 15517 MONTILLA LOOP CITY-ST-ZIP TAMPA, FL 33625	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE D NAME WALLACE, DAVINA <input checked="" type="checkbox"/> Delete STREET ADDRESS 15319 LAKE BELLA VISTA DRIVE CITY-ST-ZIP TAMPA, FL 33625	TITLE D NAME Tim Wallace <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 15319 Lake Bella Vista Drive CITY-ST-ZIP Tampa, FL 33625				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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.					
SIGNATURE: <i>[Signature]</i> PRESIDENT			3/28/07 813-600-1100 EX 115		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		