

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001478

FILED
Apr 13, 2009
Secretary of State

Entity Name: BELLA VISTA ASSOCIATION, INC.

Current Principal Place of Business:

4131 GUNN HWY
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

4131 GUNN HWY
TAMPA, FL 33618

New Mailing Address:

FEI Number: 14-1873806

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRISCIA, FRANCIS E
5550 WEST EXECUTIVE DRIVE
SUITE 250
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VAN NAME, ROBERT
Address: 15413 MONTILLA LOOP
City-St-Zip: TAMPA, FL 33625

Title: VPD () Delete
Name: GOULD, DAVINA
Address: 15505 MONTILLA LOOP
City-St-Zip: TAMPA, FL 33625

Title: TD () Delete
Name: RODRIGUEZ, AMY S
Address: 15317 LAKE BELLA VISTA DRIVE
City-St-Zip: TAMPA, FL 33625

Title: SD () Delete
Name: DURNING, JACKIE
Address: 15517 MONTILLA LOOP
City-St-Zip: TAMPA, FL 33625

Title: D (X) Delete
Name: WALLACE, TIM
Address: 15319 LAKE BELLA VISTA DRIVE
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GOULD, DAVID
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: VP (X) Change () Addition
Name: WALLACE, TIM
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: TD (X) Change () Addition
Name: VAN NAME, ROBERT
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: SD (X) Change () Addition
Name: DURNING, JACKIE
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DAVID GOULD

PD

04/13/2009

Electronic Signature of Signing Officer or Director

Date