
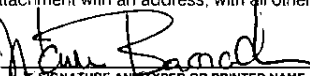


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90025 029 \*\*\*\*61.25

<b>DOCUMENT # N02000009084</b> 1. Entity Name <b>BELLA VITA CONDOMINIUM OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>12815 HWY 98 W STE 100 MIRAMAR BEACH, FL 32550</b>			Mailing Address <b>P O BOX 1779 DESTIN, FL 32540</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	4. FEI Number <b>61-4332147</b>	
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>SMITH, LORETTA W CAM NEWMAN-DAILEY RESORT PROPERTIES 12815 HWY 98 W, STE 100 MIRAMAR BEACH, FL 32550</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 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>P</b> <b>BANACH, WARREN M D</b> <b>112 ABBEY LANE</b> <b>ENTERPRISE, AL 36330</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SWERTFEGER, JACK</b> <b>1717 N DECATUR ROAD, STE 406</b> <b>ATLANTA, GA 30307</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OOTEN, TERRY</b> <b>6420 THOMASVILLE RD</b> <b>TALLAHASSEE, FL 32312</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MILAN, JIM</b> <b>388 HIGHLAND COLONY</b> <b>RIDGELAND, MS 39157</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PERSONS, ELIZABETH</b> <b>3095 VINEVILLE AVE</b> <b>MACON, GA 31204</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>-</b> <b>-</b> <b>-</b> <b>-</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Larry James</b> <b>1 Miranova Place # 1040</b> <b>Columbus, OH 43215</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>-</b> <b>-</b> <b>-</b> <b>-</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>-</b> <b>-</b> <b>-</b> <b>-</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>-</b> <b>-</b> <b>-</b> <b>-</b>	<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> 			<b>1/25/08</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
<b>850-837-1071</b>			Daytime Phone #		