

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009084

FILED
Apr 16, 2009
Secretary of State

Entity Name: BELLA VITA CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

12815 HWY 98 W
STE 100
MIRAMAR BEACH, FL 32550

Current Mailing Address:

P O BOX 1779
DESTIN, FL 32540

New Principal Place of Business:

12815 HIGHWAY 98 WEST
SUITE 100
MIRAMAR BEACH, FL 32550

New Mailing Address:

P.O. BOX 1779
DESTIN, FL 32540

FEI Number: 61-4332147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, LORETTA W CAM
NEWMAN-DAILEY RESORT PROPERTIES
12815 HWY 98 W, STE 100
MIRAMAR BEACH, FL 32550 US

Name and Address of New Registered Agent:

SMITH, LORETTA W CAM
12815 HIGHWAY 98 WEST
SUITE 100
MIRAMAR BEACH, FL 32550 US

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: LORETTA SMITH

04/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BANACH, WARREN M D
Address: 112 ABBEY LANE
City-St-Zip: ENTERPRISE, AL 36330

Title: T () Delete
Name: JAMES, LARRY
Address: 1 MIRANOVA PLACE #1040
City-St-Zip: COLUMBUS, OH 43215

Title: D () Delete
Name: OOTEN, TERRY
Address: 6420 THOMASVILLE RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: VP () Delete
Name: MILAN, JIM
Address: 388 HIGHLAND COLONY
City-St-Zip: RIDGELAND, MS 39157

Title: S () Delete
Name: PERSONS, ELIZABETH
Address: 3095 VINEVILLE AVE
City-St-Zip: MACON, GA 31204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BANACH, WARREN M.D.
Address: 112 ABBEY LANE
City-St-Zip: ENTERPRISE, AL 36330

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

Title: D (X) Change () Addition
Name: STORM, BRETT
Address: 56 BLUE MOUNTAIN ROAD UNIT C201
City-St-Zip: SANTA ROSA BEACH, FL 32459

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

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: WARREN BANACH, M.D.

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date