

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006607

FILED
Jan 24, 2009
Secretary of State

Entity Name: BELLA VISTA AT DELRAY BEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

110 GLEASON ST
DELRAY BEACH, FL 33483 US

New Principal Place of Business:

Current Mailing Address:

100 EAST LINTON BLVD
SUITE 205A
DELRAY BEACH, FL 33483 US

New Mailing Address:

C/O GATES MGMT SERVICES
P.O. BOX 2568
BOCA RATON, FL 33427 US

FEI Number: 20-3867169

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'BRIEN, JAMES
100 E. LINTON BLVD
SUITE #205A
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

GELFAND & ARPE, P.A.
1555 PALM BEACH LAKES BLVD
SUITE 1220
WEST PALM BEACH, FL 33401 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: MICHAEL J. GELFAND

01/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LYNCH, WILLIAM
Address: 110 GLEASON ST. #203
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: VPS () Delete
Name: PRESS, JOYCE
Address: 110 GLEASON ST. #201
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: T () Delete
Name: RISTUCCIA, BERNARD
Address: 110 GLEASON ST. #301
City-St-Zip: DELRAY BEACH, FL 33483 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: WILLIAM LYNCH

P

01/24/2009

Electronic Signature of Signing Officer or Director

Date