


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

61.25

<b>DOCUMENT # N04000006739</b> 1. Entity Name <b>BELLA VISTA CONDOMINIUM, INC.</b>	
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FILED

05 MAR -1 AM 10: 01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 3343 S ATLANTIC AVE DAYTONA BEACH SHORES FL 32118	Mailing Address P O BOX 7407 DAYTONA BEACH SHORES FL 32116-7407 <span style="font-size: 24px; color: red; float: right;"># 61.25</span>
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1st MOORE CR2E037 (10/04) 05

2. Principal Place of Business <b>2515 S. Atlantic Ave</b> Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.	4. FEI Number <input type="checkbox"/> Applied For Not Applicable
City & State <b>Daytona Beach Shores, FL</b>	City & State _____	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip <b>32118</b>	Country _____	Zip _____

6. Name and Address of Current Registered Agent  <b>COOK, DOUGLAS M</b> <b>2515 S ATLANTIC AVE</b> <b>DAYTONA BEACH SHORES FL 32118</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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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 \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>COOK, DOUGLAS M</b> <b>P O BOX 7407</b> <b>DAYTONA BEACH SHORES FL 32116</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>COOK, SANDRA</b> <b>P O BOX 7407</b> <b>DAYTONA BEACH SHORES FL 32116</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>SD</b></del> <del><b>MOTSINGER, LARRY</b></del> <del><b>P O BOX 7407</b></del> <del><b>DAYTONA BEACH SHORES FL 32116</b></del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Office Manager</b> <b>Tammy Snyder</b> <b>PO Box 7407</b> <b>Daytona Beach Shores, FL. 32116</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300048059483</b> <b>03/09/05--01051--004 **583.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Douglas M Cook* 2-21-05 386-547-5702  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #