

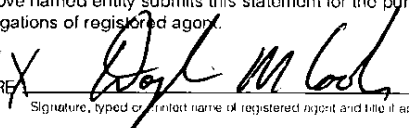
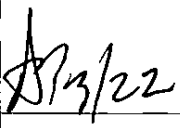


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

61-25

DOCUMENT # N04000006739 1. Entity Name BELLA VISTA CONDOMINIUM, INC.				FILED 07 MAR 19 AM 10: 59 	
Principal Place of Business 2615 S. ATLANTIC AVENUE DAYTONA BEACH SHORES FL 32118		Mailing Address P O BOX 7407 DAYTONA BEACH SHORES FL 32116-7407		1st MOORE CR2E037 (10/06)	
2. Principal Place of Business - No P.O. Box # 2900 S. Atlantic Ave.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 41-2172965	
City & State Daytona Beach Shores		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip 32118		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COOK, DOUGLAS M 2515 S ATLANTIC AVE DAYTONA BEACH SHORES FL 32118			7. Name and Address of New Registered Agent Name same Street Address (P.O. Box Number is Not Acceptable) 2900 S. Atlantic Ave. City same FL 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: 					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD COOK, DOUGLAS M P O BOX 7407 DAYTONA BEACH SHORES FL 32116	<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	VPD COOK, SANDRA P O BOX 7407 DAYTONA BEACH SHORES FL 32116	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000096004950 04/08/07--01044--019 **111.25	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	OM SNYDER, TAMMY P O BOX 7407 DAYTONA BEACH SHORES FL 32116	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CFO TUCKER, EILEEN C P.O. Box 7407 Daytona Beach Shores, Fl. 32116	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<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	<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	<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 exemptions contained in Section 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.

SIGNATURE:  1-19-07 386-760-4405