


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N04000006739</b> 1. Entity Name <b>BELLA VISTA CONDOMINIUM, INC.</b>	
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Principal Place of Business <b>2900 S. ATLANTIC AVENUE DAYTONA BEACH SHORES FL 32118</b>	Mailing Address <b>P O BOX 7407 DAYTONA BEACH SHORES FL 32116-7407</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number <b>41-2172965</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>COOK, DOUGLAS M 2900 S. ATLANTIC AVENUE 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 \_\_\_\_\_ DATE \_\_\_\_\_

(NOTE: Registered Agent signature is required when changing)

**FILE NOW - FEE IS \$61.25**  
**Due By May 1, 2008**

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	
TITLE	PD <input type="checkbox"/> Delete <b>COOK, DOUGLAS M</b> STREET ADDRESS <b>P O BOX 7407</b> CITY - ST - ZIP <b>DAYTONA BEACH SHORES FL 32116</b>
TITLE	VPD <input type="checkbox"/> Delete <b>COOK, SANDRA</b> STREET ADDRESS <b>P O BOX 7407</b> CITY - ST - ZIP <b>DAYTONA BEACH SHORES FL 32116</b>
TITLE	CFO <input type="checkbox"/> Delete <b>TUCKER, EILEEN C</b> STREET ADDRESS <b>P O BOX 7407</b> CITY - ST - ZIP <b>DAYTONA BEACH SHORES FL 32116</b>
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP

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:  3-6-08 386.547-5702