

NO40000000739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

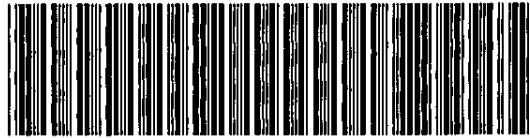
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

12 FEB 21 PM 12:55

Amend  
@ 2/21/12

2/3/12

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: BELLA VISTA CONDOMINIUM, INC.

DOCUMENT NUMBER: N04000006739

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

WES WALKER - MANAGER  
(Name of Contact Person)

BELLA VISTA CONDOMINIUM  
(Firm/ Company)

2515 S. ATLANTIC AVE.  
(Address)

DAYTONA BEACH SHORES, FL  
(City/ State and Zip Code)

bellavista2515@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WES WALKER at (386) 788 / 5909  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee Certificate of Status enclosed
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$43.75 Filing Fee & Certificate of Status (Additional Copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy enclosed

Mailing Address  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 6, 2012

WES WALKER  
BELLA VISTA CONDOMINIUM, INC.  
2515 S. ATLANTIC AVE.  
DAYTONA BEACH SHORES, FL 32118

SUBJECT: BELLA VISTA CONDOMINIUM, INC.  
Ref. Number: N04000006739

We have received your document for BELLA VISTA CONDOMINIUM, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must have original signatures.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 412A00004776

12 FEB 21 AM 8:41

THANKS...  
WES WALKER  
386/788/5909

Articles of Amendment  
to  
Articles of Incorporation  
of

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
FILED  
12 FEB 21 PM 12:55

BELLA VISTA CONDOMINIUM, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N04 000006739

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

\_\_\_\_\_ <sup>The new</sup>  
*name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."  
"Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent: WES WALKER, MGR.

2515 S. ATLANTIC AVE.

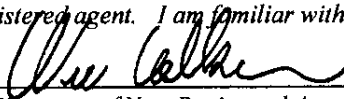
(Florida street address)

New Registered Office Address:

DAYTONA BEACH SHORES, Florida 32118  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

  
Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

Change                    PT        John Doe  
 Remove                    V         Mike Jones  
 Add                         SV        Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<del>DASD</del>	BURKE, THOMAS ASD	2515 S. ATLANTIC AVE. #110 DANTONA BEACH SHORES FL. 32118
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<del>DASD</del>	WATTS, AMY ASD	2515 S. ATLANTIC AVE. #308 DANTONA BEACH SHORES FL. 32118
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

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The date of each amendment(s) adoption: 2/3/12

Effective date if applicable: 2/3/12  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 2/3/12

Signature [Handwritten Signature]  
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

STACY HERGENRADER  
(Typed or printed name of person signing)

VP  
(Title of person signing)