2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002852

FILED Apr 30, 2007 Secretary of State

Entity Name: BELLAVISTA ON THE RIVER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

14395 SW 139TH COURT UNIT 103 MIAMI, FL 33186

Current Mailing Address: New Mailing Address:

14395 SW 139TH COURT UNIT 103 MIAMI, FL 33186

FEI Number: 20-3339431 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ADVANCE MANAGEMENT SERVICES, INC 14395 SW 139TH COURT UNIT 103 MIAMI, FL 33186 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:

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Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 GOMEZ, MICHAEL C
 Name:
 MENENDEZ, MARGARITA

 Address:
 2 NE 1ST STREET
 Address:
 2185 NW 16TH TERRACE, UNIT 03

 City-St-Zip:
 MIAMI, FL 33132
 City-St-Zip:
 MIAMI, FL 33125

 Title:
 VD
 () Delete
 Title:
 VD
 (X) Change () Addition

 Name:
 ALONSO, CARLOS
 Name:
 FOX, HELLEN

 Address:
 2 NE 1ST STREET
 Address:
 2185 NW 16TH TERRACE, UNIT 02

City-St-Zip: MIAMI, FL 33132 City-St-Zip: MIAMI, FL 33125

Title: STD () Delete Title: VTD (X) Change () Addition HORTA, ORLANDO Name: MATILDE, VALDEZ Y Name: 2 NE 1ST STREET Address: Address: 1427 NW 25TH AVENUE City-St-Zip: MIAMI, FL 33132 City-St-Zip: MIAMI, FL 33125

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: MATILDE Y. VALDEZ VTD 04/30/2007