

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90248 015 ****62.25

DOCUMENT # N05000002852	
1. Entity Name BELLAVISTA ON THE RIVER CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 14395 SW 139TH COURT UNIT 103 MIAMI, FL 33186	Mailing Address 14395 SW 139TH COURT UNIT 103 MIAMI, FL 33186
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DO NOT WRITE IN THIS SPACE

04202008 No Chg-NP CR2E037 (4/06)


4. FEI Number 20-3339431	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE: _____


Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MENENDEZ, MARGARITA 2185 NW 16TH TERRACE, UNIT 03 MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOX, HELLEN 2185 NW 16TH TERRACE, UNIT 02 MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MATILDE, VALDEZ Y 1427 NW 25TH AVENUE MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____