

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90012 022 ****61.25

DOCUMENT # N05000008208

1. Entity Name
**BELLA VISTA ON LAKE SEMINOLE CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**4151 WOODLANDS PKWY
PALM HARBOR, FL 34885**

Mailing Address
**4151 WOODLANDS PKWY
PALM HARBOR, FL 34885**

4000000000



2. Principal Place of Business - No P.O. Box #
10240 SAILWINDS BLVD
Suite, Apt. #, etc.

3. Mailing Address
2870 SCHERER DR. N
Suite, Apt. #, etc. **100**

02122008 Chg-NP CR2E037 (12/06)

City & State
LARGO FL
Zip **33773** Country **Pinellas**

City & State
St. Petersburg FL
Zip **33716** Country **Pinellas**

4. FEI Number
20-4257093 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
REARDON, MAUREEN
4151 WOODLANDS PKWY
PALM HARBOR, FL 34685

7. Name and Address of New Registered Agent
Name **Lizbeth Potts**
Street Address (P.O. Box Number is Not Acceptable)
13371 NORTH 56th Street
City **TAMPA** FL Zip Code **33617**

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 **Lizbeth Potts**
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **2/20/2008**

Filing 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 NAME STREET ADDRESS CITY-ST-ZIP	PD BURMEISTER, JAMES 10155 SAILWINDS BLVD. S., #203 LARGO, FL 33773 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TRIPP, JOANNA 10160 SAILWINDS BLVD. S., #103 LARGO, FL 33773 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KASSERBAUM, WEB 10100 SAILWINDS BLVD. N., #108 LARGO, FL 33773 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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

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: **W. Kasserbaum**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **2/14/08** 727-586-5356
Daytime Phone #