

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008208

FILED
Apr 13, 2009
Secretary of State

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

Current Principal Place of Business:

10240 SAILWINDS BLVD
LARGO, FL 33773

New Principal Place of Business:

Current Mailing Address:

2870 SCHEREB DR N
SUITE 100
SAINT PETERSBURG, FL 33716

New Mailing Address:

2870 N SCHERER DRIVE
SUITE 100
SAINT PETERSBURG, FL 33716

FEI Number: 20-4257093

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, FRANCIS M
233 GRAND BLVD
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BURMEISTER, JAMES
Address: 10155 SAILWINDS BLVD. S., #203
City-St-Zip: LARGO, FL 33773

Title: SD () Delete
Name: TRIPP, JOANNA
Address: 10160 SAILWINDS BLVD. S., #103
City-St-Zip: LARGO, FL 33773

Title: TD (X) Delete
Name: KASSERBAUM, WEB
Address: 10100 SAILWINDS BLVD. N., #108
City-St-Zip: LARGO, FL 33773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: BOYES, CARISA
Address: 10240 SAILWINDS DRIVE
City-St-Zip: LARGO, FL 33773

Title: DS (X) Change () Addition
Name: MELLENCAMP, ASHLEY
Address: 10240 SAILWINDS DRIVE
City-St-Zip: LARGO, FL 33773

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CARISA BOYES

DPT

04/13/2009

Electronic Signature of Signing Officer or Director

Date