2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000000558

1. Entity Name
BELLA VISTA OF ROCKLEDGE CONDOMINIUM ASSOCIATION, INC.

40030086

Principal Place of Business	Mailing Address
96 WILLARD STREET SUITE 302 COCOA, FL 32922	96 WILLARD STREET SUITE 302 COCOA, FL 32922

2. Principal Place of Business - No P.O. Box #
3972 W Eau Gallie Blvd
Suite, Apt. #, etc.
Suite A
City & State
Melbourne, FL
Zip 32934   Country US

3. Mailing Address
3972 W Eau Gallie Blvd
Suite, Apt. #, etc.
Suite A
City & State
Melbourne, FL
Zip 32934   Country US

02122007   Chg-NP   CR2E037 (12/06)

4. FEI Number
20-4922648
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
WELSH, KEN R
96 WILLARD STREET SUITE 302
COCOA, FL 32922

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
3415 Shady Run Rd
City Melbourne   FL   Zip Code 32934

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 _Ken R. Welsh_   Ken R. Welsh   2/16/07
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25 **Due by May 1, 2007**	**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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	WELSH, KEN R		NAME			
STREET ADDRESS	3415 SHADY RUN ROAD		STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE, FL 32934		CITY-ST-ZIP			
TITLE	DT	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	AMARI, RICHARD S		NAME			
STREET ADDRESS	96 WILLARD STREET SUITE 302		STREET ADDRESS			
CITY-ST-ZIP	COCOA, FL 32922		CITY-ST-ZIP			
TITLE	DS	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	THERIAC, JAMES S III		NAME			
STREET ADDRESS	96 WILLARD STREET SUITE 302		STREET ADDRESS			
CITY-ST-ZIP	COCOA, FL 32922		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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: _Ken R. Welsh_   Ken R. Welsh   321-508-9431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #