## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000000558

FILED Jan 11, 2008 Secretary of State

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

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

3972 W EAU GALLIE BLVD SUITE A MELBOURNE, FL 32934

Current Mailing Address: New Mailing Address:

3972 W EAU GALLIE BLVD SUITE A MELBOURNE, FL 32934

FEI Number: 20-4922648 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:

WELSH, KEN R

3415 SHADY RUN RD

MELBOURNE, FL 32934 US

WELSH, KEN R

3972 W. EAU GALLIE BLVD.

SUITE A

MELBOURNE, FL 32934 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

in the State of Florida.

SIGNATURE: KEN R. WELSH 01/11/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

3972 W. EAU GALLIE BLVD. SUITE A

WELSH, KEN R

MELBOURNE, FL 32934

(X) Change ( ) Addition

 Title:
 DP
 ( ) Delete
 Title:

 Name:
 WELSH, KEN R
 Name:

 Address:
 3415 SHADY RUN ROAD
 Address:

 City-St-Zip:
 MELBOURNE, FL 32934
 City-St-Zip:

Title: DT ( ) Delete Title: DT (X) Change ( ) Addition Name: AMARI, RICHARD S Name: THERIAC, JAMES S III

Name: Name, Richard S Name: Theriac, Jaivies S III
Address: 96 WILLARD STREET SUITE 302 Address: 96 WILLARD STREET SUITE 302

City-St-Zip: COCOA, FL 32922 City-St-Zip: COCOA, FL 32922

 $\label{eq:title:DS} {\it Title:} \qquad {\it DS} \qquad (\ ) \ {\it Delete} \qquad \qquad {\it Title:} \qquad {\it DS} \qquad (\it X) \ {\it Change} \ (\ ) \ {\it Addition}$ 

Name:THERIAC, JAMES S IIIName:MASCARIN, DEBRA LAddress:96 WILLARD STREET SUITE 302Address:907 OCASO LANE UNIT 205City-St-Zip:COCOA, FL 32922City-St-Zip:ROCKLEDGE, FL 32955

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: KEN R. WELSH DP 01/11/2008