

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000013087

FILED
Apr 06, 2009
Secretary of State

Entity Name: BELLA VISTA PALACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1638 SW 3 STREET
11
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

1638 SW 3 STREET
11
MIAMI, FL 33135

New Mailing Address:

FEI Number: 39-2057463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONTES, ANTONIO
1638 SW 3 STREET
11
MIAMI, FL 33135 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: DP () Delete
Name: CARDENAS, NICOLAS
Address: 1638 SW 3 STREET # 11
City-St-Zip: MIAMI, FL 33135

Title: DS () Delete
Name: MONTES, ANTONIO
Address: 1638 SW 3 STREET # 11
City-St-Zip: MIAMI, FL 33135

Title: DVP () Delete
Name: HENRIQUEZ, DANTON
Address: 1638 SW 3 STREET # 11
City-St-Zip: MIAMI, FL 33135

Title: T () Delete
Name: MONTES, ALEXANDER
Address: 1638 SW 3 STREET # 11
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: DT (X) Change () Addition
Name: MONTES, ALEXANDER
Address: 1638 SW 3 STREET # 11
City-St-Zip: MIAMI, FL 33135

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: ANTONIO MONTES

DS

04/06/2009

Electronic Signature of Signing Officer or Director

Date