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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **N2345**5

1. Corporation Name

BELLA VISTA ON THE PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business C/O BRISTOL MANAGEMENT 103 S. U.S. HIGHWAY 1 STE. F5-135 Mailing Address

C/O BRISTOL MANAGEMENT 103 S. U.S. HIGHWAY 1 STE. F5-135

FILED Mar 11, 1999 8:00 am § Secretary of State

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| Jupiter FL 33477 US | | JUPITER FL 33477 US | | | . I 1801/197 Bis ridds fikil Biski Silbt om slølt from Srålt dren aren aren seat | | | |
|------------------------|---|------------------------------------|---------------|---|--|---------------|--------------------|--------------|
| 2. Principal P | ace of Business | 2a. Mailing Address | | 3. Date Incorporated or Qualifed 11/13/1987 | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | • | 4. FEI Number | ٠. | Ap | plied For |
| 22 | | 27 | | | 65-0184467 | | No | t Applicable |
| City & State | e | City & State | | | 5. Certifcate of Status Desired | | \$8.75 / Fee Re | |
| Zip | Country | Zip | Country | , | 6. Election Campaign Financing | П | \$5.00 | May Be |
| 24 | 25 | 29 | 0 | | Trust Fund Contribution | _ 니 | Added | to Fees |
| | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New I | Registered / | Agent | |
| | | | 81 | Name | | | | |
| LANGEVIN | | | 82 | Street Ac | ddress (P.O. Box Number is Not Accept | able) | | |
| | HWY 1 F5-135 | | 83 | | | | | |
| JUPITER F | -L 334// | | | | | _ | | |
| | | | 84 | City | | FI | 85 Zip | Code |
| 11 p | to the previous of Continue 547 0503 | and 617 1509 Elorida Statutos | the abov | e-named co | orporation submits this statement for the | ournose of | changing its | registered |
| office or r | egistered agent, or both, in the State of m familiar with, and accept the obligation | ' Florida. Such change was auth | iorized by | the corpora | ation's board of directors. I hereby acce | pt the appoir | itment as re | gistered |
| SIGNATURE | Signature, typed or printed name of registered agent a | and title if apolicable. (NOTE: Ro | egistered Age | nt signature req | uired when reinstating) | DATE | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OF | FICERS AN | D DIRECTO | ORS IN 12 |
| TITLE | P | DELETE | 1.1 TITLE | | | | ☐ Change | ☐ Addition |
| NAME | LANGEVIN, ROBERT | | 1.2 NAME | | | | | |
| STREET ADDRESS | 310 BELLA VISTA COURT N. | | 1.3 STREE | TADDRESS | · | • | . : | |
| CITY-ST-ZIP | JUPITER FL 33477 | | 1,4 CITY-5 | ST-ZIP | | - | · | |
| TITLE | D | DELETE | 2.1 TITLE | | D | | ☐ Change | ☐ Addition |
| NAME | DIETER, GLEN | / - | 2.2 NAME | ; | Richard Weinert 850 Bella Vista (Jupiter, FL 334 | 31 Sa | 446 | / 1 |
| STREET ADDRESS | 760 BELLA VISTA CT S. | | 2.3 STREE | TADORESS | 850 Bella Vista | A. 30 | Ç 141 . | |
| CITY-ST-ZIP | JUPITER FL 33477 | | 2.4 CITY- | ST-ZIP | Jupiter, FL 33c | ₹7 / | | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | - | T | _ | Change | Addition |
| NAME | MCLAUGHLIN, JOHN | | 3.2 NAME | | - | | | • |
| STREET ADDRESS | 250 BELLA VISTA CT N. | | 3.3 STREE | TADDRESS | | | | |
| CITY-ST-ZIP | JUPITER FL 33477 | | 3.4. CITY- | ST-ZIP | | • | | |
| TITLE | 0 | ☐ DELETE | 4.1 TITLE | | 3 | | Change | Addition |
| NAME | CRAWBUCK, ROBERT | •• | 4. 2 NAME | <u> </u> | | | | • |
| STREET ADDRESS | 340 BELLA VISTA CT N | | | TADDRESS | | | | |
| CITY-ST-ZIP | JUPITER FL 33477 | | 4.4 CITY-S | | | | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | | | Change | ☐ Addition |
| NAME | LOMBARDO, JOE | | 5.2 NAME | 1 | | | .* | • |
| STREET ADDRESS | 260 BELLA VISTA CT. N. | | 5.3 STREE | T ADDRESS | | | ē | |
| CITY-ST-ZIP | JUPITER FL 33477 | | 5.4 CITY-S | ST-ZIP | • | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | | ☐ Change | Addition |
| NAME | | _ | 6.2 NAME | | | | | |
| STREET ADDRESS | | | 6.3 STREE | T ADDRESS | | | | |
| OTTY OF THE | | | 6.4 CITY-5 | | | | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.