


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

03-09-2004 90035 030 ****61.25

DOCUMENT # N23455
 1. Entity Name
BELLA VISTA ON THE PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O BRISTOL MGMT **C/O BRISTOL MGMT**
1930 COMMERCE LANE, STE 1 **1930 COMMERCE LANE, STE 1**
JUPITER FL 33458 **JUPITER FL 33458**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

66410130



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

LANGEVIN, ROBERT
103S US HWY 1 F5-135
JUPITER FL 33477

6070

7. Name and Address of New Registered Agent

Name: **Robert Langelvin**
 Street Address (P.O. Box Number is Not Acceptable): **1930 Commerce Ln #1**
 City: **Jupiter** FL Zip Code: **33458**

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:  DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW FEE IS \$61.25
Due By May 1, 2004

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LANGEVIN, ROBERT	
STREET ADDRESS	310 BELLA VISTA COURT N.	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCLAUGHLIN, JOHN	
STREET ADDRESS	250 BELLA VISTA CT N.	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CRAWBUCK, ROBERT	
STREET ADDRESS	340 BELLA VISTA CT N	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEISTER, FREDERICK	
STREET ADDRESS	610 BELLA VISTA COURT SOUTH	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIACETIS, CHRISTOPHER	
STREET ADDRESS	560 BELLA VISTA CT S	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHANKS, ROBERT	
STREET ADDRESS	360 MANN RD	
CITY-ST-ZIP	ACTON ME 04001	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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:  DATE: _____ DAYTIME PHONE #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR