


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90014 013 ****61.25

DOCUMENT # N23455

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



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

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

40031964



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01192007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0184467 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**LANGEVIN, ROBERT
 1930 COMMERCE LANE #1
 JUPITER, FL 33458**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *Robert Langevin* (NOTE: Registered Agent signature required when reinstating.) DATE 2/21/07

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

D Weinert, Richard
 550 Bella Vista Ct. S.
 Jupiter, FL 33477

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: *Robert Langevin*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____