

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90042 005 ****61.25

0040749

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41625

1. Corporation Name

BELLAVISTA VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

C/O CUSTOM PROPERTY MANAGEMENT
6300 PARK OF COMMERCE BLVD.
BOCA RATON FL 33487
US

Mailing Address

C/O CUSTOM PROPERTY MANAGEMENT
6300 PARK OF COMMERCE BLVD.
BOCA RATON FL 33487
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/11/1991

4. FEI Number

65-0285335

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SWATT, MYRON
PRIME MANAGEMENT GROUP
6300 PARK OF COMMERCE BLVD.
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME COHEN, LOU
STREET ADDRESS 5267-E EUROPA DRIVE
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE VPD ☐ DELETE

NAME GEISMAR, GUS
STREET ADDRESS 5259-G EUROPA DRIVE
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE SD ☐ DELETE

NAME FREINT, CLDYE
STREET ADDRESS 5299-B EUROPA DRIVE
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE TD ☐ DELETE

NAME RUBENSON, STAN
STREET ADDRESS 5299-D EUROPA DRIVE
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE D ☐ DELETE

NAME PEIRE, PETER
STREET ADDRESS 5290-F EUROPA DRIVE
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D
PIRRI, PETER
5290-F EUROPA DRIVE
BOYNTON BEACH, FL 33437

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)