2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State
03-05-2001 90334 032 ****61.25

DOCUMENT # N41625

1. Entity Name

BELLAVISTA VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O CUSTOM PROPERTY MANAGEMENT 6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487 US	C/O CUSTOM PROPERTY MANAGEMENT 6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487 US

C00031169

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o Prime Management Group	Prime Management Group
Suite, Apt. #, etc.: 6300 Park of Commerce Blvd.	Suite, Apt. #, etc.: 6300 Park of Commerce Blvd
City & State: Boca Raton, Fl. 33487	City & State: Boca Raton, Fl. 33487
Zip: 33487 Country: USA	Zip: 33487 Country: USA

4. FEI Number 65-0285335 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SWATT, MYRON PRIME MANAGEMENT GROUP 6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487	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.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COHEN, LOU 5267-E EUROPA DRIVE BOYNTON BEACH FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BALABAN, HERB 5299 B EUROPA DRIVE BOYNTON BEACH FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FREINT, CLDYE 5299-B EUROPA DRIVE BOYNTON BEACH FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RUBENSON, STAN 5299-D EUROPA DRIVE BOYNTON BEACH FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PIRRI, PETER 5290-F EUROPA DRIVE BOYNTON BEACH FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: SIGNATURE REQUIRED Myron Cohen 1/10/01 561-731-3120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #