2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Aug 29, 2006 8:00 am Secretary of State DOCUMENT # N41625 08-29-2006 90061 015 ****61.25 BELLAVISTA VILLAGE CONDOMINIUM ASSOCIATION. Principal Place of Business Mailing Address C/O PRME MANAGEMENT GROUP 6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487 C/O PRME MANAGEMENT GROUP 6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E037 (4/06) 4. FEI Number City & State City & State Applied For 65-0285335 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SWATT, MYRON Street Address (P.O. Box Number is Not Acceptable) PRIME MANAGEMENT GROUP 6300 PARK OF COMMERCE BLVD. **BOCA RATON FL 33487** 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 Signature, typed or printed name of registered agent and title il applicable. (NOTE: Registered Agent signature required when roinstating) DATE FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By September 6, 2006 Trust Fund Contribution. Added to Fees Florida Department of State and solves in the 10 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete TITLE ☐ Change ☐ Addition COHEN, LOU NAME NAME 5267-E EUROPA DRIVE STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33437** CITY-ST-7IP CITY-ST-ZIP VΡ TITLE Delete ☐ Change Addition BALABAN, HERB NAME NAME 5299 B EUROPA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33437** CITY-ST-ZIP SD. ·int □ Detere TritE Change + ☐ Addition FREINT, CLDYE NAME NAME STREET ADDRESS 5299-B EUROPA DRIVE STREET ADDRESS **BOYNTON BEACH FL 33437** CITY-ST-ZIP CITY-ST-ZIP TD ☐ Change TITLE Delete TITLE ■ Addition RUBINSON, STAN NAME NAME STREET ADDRESS 5299 D EUROPA DRIVE STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33437** CITY-ST-ZIP Delete TITLE TITLE Change Addition LEVINESS, DOLORES SAL ROMANO NAME 5291-HEUROADRUS 5275F EUROPA DRIVE STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33437** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change . waition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST- 7IP

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

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changed, or on an attachment with an address, with all other like empowered.

SIGNATURE >