

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90210 042 \*\*\*\*61.25

|                                                                                                                                                                                                                               |                         |                                 |                                                                                                                 |                                                                                                              |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------|
| <b>DOCUMENT # N41625</b>                                                                                                                                                                                                      |                         |                                 |                                                                                                                 |                             |             |
| 1. Entity Name<br><b>BELLAVISTA VILLAGE CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                                     |                         |                                 |                                                                                                                 |                                                                                                              |             |
| Principal Place of Business<br><b>C/O PRME MANAGEMENT GROUP<br/>6300 PARK OF COMMERCE BLVD.<br/>BOCA RATON, FL 33487 US</b>                                                                                                   |                         |                                 | Mailing Address<br><b>C/O PRME MANAGEMENT GROUP<br/>6300 PARK OF COMMERCE BLVD.<br/>BOCA RATON, FL 33487 US</b> |                                                                                                              |             |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                |                         |                                 | 3. Mailing Address                                                                                              |                                                                                                              |             |
| Suite, Apt. #, etc.                                                                                                                                                                                                           |                         |                                 | Suite, Apt. #, etc.                                                                                             |                                                                                                              |             |
| City & State                                                                                                                                                                                                                  |                         |                                 | City & State                                                                                                    |                                                                                                              |             |
| Zip                                                                                                                                                                                                                           | Country                 | Zip                             | Country                                                                                                         | 4. FEI Number<br><b>65-0285335</b>                                                                           |             |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                     |                         |                                 |                                                                                                                 | Applied For<br>Not Applicable                                                                                |             |
| 6. Name and Address of Current Registered Agent<br><b>SWATT, MYRON<br/>PRIME MANAGEMENT GROUP<br/>6300 PARK OF COMMERCE BLVD.<br/>BOCA RATON, FL 33487</b>                                                                    |                         |                                 |                                                                                                                 | 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 <i>Myron Swatt</i>                                                                                                                                                                                                  |                         |                                 |                                                                                                                 | DATE <i>2/12/08</i>                                                                                          |             |
| Filing Fee is \$61.25 Due by May 1, 2008                                                                                                                                                                                      |                         |                                 |                                                                                                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |             |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                    |                         |                                 |                                                                                                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                        |             |
| TITLE                                                                                                                                                                                                                         | PD                      | <input type="checkbox"/> Delete |                                                                                                                 |                                                                                                              |             |
| NAME                                                                                                                                                                                                                          | COHEN, LOU              |                                 |                                                                                                                 |                                                                                                              |             |
| STREET ADDRESS                                                                                                                                                                                                                | 5267-E EUROPA DRIVE     |                                 |                                                                                                                 |                                                                                                              |             |
| CITY-ST-ZIP                                                                                                                                                                                                                   | BOYNTON BEACH, FL 33437 |                                 |                                                                                                                 |                                                                                                              |             |
| TITLE                                                                                                                                                                                                                         | VP                      | <input type="checkbox"/> Delete |                                                                                                                 |                                                                                                              |             |
| NAME                                                                                                                                                                                                                          | BALABAN, HERB           |                                 |                                                                                                                 |                                                                                                              |             |
| STREET ADDRESS                                                                                                                                                                                                                | 5299 B EUROPA DRIVE     |                                 |                                                                                                                 |                                                                                                              |             |
| CITY-ST-ZIP                                                                                                                                                                                                                   | BOYNTON BEACH, FL 33437 |                                 |                                                                                                                 |                                                                                                              |             |
| TITLE                                                                                                                                                                                                                         | SD                      | <input type="checkbox"/> Delete |                                                                                                                 |                                                                                                              |             |
| NAME                                                                                                                                                                                                                          | FREINT, CLDYE           |                                 |                                                                                                                 |                                                                                                              |             |
| STREET ADDRESS                                                                                                                                                                                                                | 5299-B EUROPA DRIVE     |                                 |                                                                                                                 |                                                                                                              |             |
| CITY-ST-ZIP                                                                                                                                                                                                                   | BOYNTON BEACH, FL 33437 |                                 |                                                                                                                 |                                                                                                              |             |
| TITLE                                                                                                                                                                                                                         | TD                      | <input type="checkbox"/> Delete |                                                                                                                 |                                                                                                              |             |
| NAME                                                                                                                                                                                                                          | RUBINSON, STAN          |                                 |                                                                                                                 |                                                                                                              |             |
| STREET ADDRESS                                                                                                                                                                                                                | 5299-D EUROPA DRIVE     |                                 |                                                                                                                 |                                                                                                              |             |
| CITY-ST-ZIP                                                                                                                                                                                                                   | BOYNTON BEACH, FL 33437 |                                 |                                                                                                                 |                                                                                                              |             |
| TITLE                                                                                                                                                                                                                         | D                       | <input type="checkbox"/> Delete |                                                                                                                 |                                                                                                              |             |
| NAME                                                                                                                                                                                                                          | ROMANO, SAL             |                                 |                                                                                                                 |                                                                                                              |             |
| STREET ADDRESS                                                                                                                                                                                                                | 5291 HEUROPA DR         |                                 |                                                                                                                 |                                                                                                              |             |
| CITY-ST-ZIP                                                                                                                                                                                                                   | BOYNTON BEACH, FL 33437 |                                 |                                                                                                                 |                                                                                                              |             |
| TITLE                                                                                                                                                                                                                         |                         | <input type="checkbox"/> Delete |                                                                                                                 |                                                                                                              |             |
| NAME                                                                                                                                                                                                                          |                         |                                 |                                                                                                                 |                                                                                                              |             |
| STREET ADDRESS                                                                                                                                                                                                                |                         |                                 |                                                                                                                 |                                                                                                              |             |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                         |                                 |                                                                                                                 |                                                                                                              |             |

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01302008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0285335**

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

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 *Myron Swatt* DATE *2/12/08*

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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           | COHEN, LOU              |                                 |
| STREET ADDRESS | 5267-E EUROPA DRIVE     |                                 |
| CITY-ST-ZIP    | BOYNTON BEACH, FL 33437 |                                 |
| TITLE          | VP                      | <input type="checkbox"/> Delete |
| NAME           | BALABAN, HERB           |                                 |
| STREET ADDRESS | 5299 B EUROPA DRIVE     |                                 |
| CITY-ST-ZIP    | BOYNTON BEACH, FL 33437 |                                 |
| TITLE          | SD                      | <input type="checkbox"/> Delete |
| NAME           | FREINT, CLDYE           |                                 |
| STREET ADDRESS | 5299-B EUROPA DRIVE     |                                 |
| CITY-ST-ZIP    | BOYNTON BEACH, FL 33437 |                                 |
| TITLE          | TD                      | <input type="checkbox"/> Delete |
| NAME           | RUBINSON, STAN          |                                 |
| STREET ADDRESS | 5299-D EUROPA DRIVE     |                                 |
| CITY-ST-ZIP    | BOYNTON BEACH, FL 33437 |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | ROMANO, SAL             |                                 |
| STREET ADDRESS | 5291 HEUROPA DR         |                                 |
| CITY-ST-ZIP    | BOYNTON BEACH, FL 33437 |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

## 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    |                                                                   |
| 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 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: *Myron Swatt* DATE: *2/26/08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR