## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N41625** 

BELLAVISTA VILLAGE CONDOM	BELLAVISTA VILLAGE CONDOMINIUM ASSOCIATION, INC.				
Principal Place of Business C/O PRIME MANAGEMENT GROUP 6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487 US	Mailing Address C/O PRME MANAGEMENT GROUP 6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487 US				
2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
City & State	City & State	<del></del>			

## **FILED** Jun 20, 2003 8:00 am Secretary of State 06-20-2003 90030 014 \*\*\*\*61.25

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Principal Plac C/O PRME MA 6300 PARK OF BOCA RATON US	NAGEMENT ( COMMERCE	GROUP	Mailing Address C/O PRME MANAGEMENT 6300 PARK OF COMMERC BOCA RATON FL 33487 US							H1 81811 1181
2. Principal Place of Business 3.		3. Mailing Address	3. Mailing Address						A) 1800) 1866	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State		00 0200000				oplied For ot Applicable		
Zip		Country	Zip	Country	<del></del>	5. Certificate of Statu	ıs Desired [	□ \$8	3.75 Add	ditional
6. Name and Address of Current Registered Agent		1		7. Name and Address of New Registered Agent						
				Na Na	me					
SWATT, MYRON PRIME MANAGEMENT GROUP 6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487		Sti	Street Address (P.O. Box Number is Not Acceptable)							
					<del></del>					
		Cir	ty			FL	Zip Cod	e		
	named entity ions of regist		r the purpose of changing its	s registered of	ice or register	red agent, or both, in the	State of Florida	. I am fam	niliar with,	and accept
SIGNATURE .										
	Signature, typed	or printed name of registered agent a	and title if applicable. (NO	TE: Registered Agen	t signature required	d when reinstating)	•	DATE		
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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 eath; 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