


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90037 019 \*\*\*\*61.25

<b>DOCUMENT # N47987</b> 1. Entity Name <b>BELLA VITA PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <del>4275 JUDITH AVE</del> <b>MERRITT ISLAND, FL 32953</b>				Mailing Address <del>4275 JUDITH AVE</del> <b>MERRITT ISLAND, FL 32953</b>	
2. Principal Place of Business - No P.O. Box # <b>C/O BJS BOOKKEEPING</b>		3. Mailing Address <b>C/O BJS BOOKKEEPING</b>			
Suite, Apt. #, etc. <b>2080 NEWFOUND HARBOR DR</b>		Suite, Apt. #, etc. <b>2080 NEWFOUND HARBOR DR</b>			
City & State <b>MERRITT ISLAND, FL</b>		City & State <b>MERRITT ISLAND, FL</b>			
Zip <b>32952</b>		Country <b>FLORIDA</b>		4. FEI Number <b>65-0379859</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>HUGHES, BETTY A</b> <b>280 E MERRITT AVE 2080 NEWFOUND HARBOR DR.</b> <b>MERRITT, FL 32953 32952</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARNINI, JEFF <input checked="" type="checkbox"/> Delete 775 PLANTATION RD MERRITT ISLAND, FL 32952		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JANILE EMASON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4161 TIMOTHY DR MERRITT ISLAND, FL 32953	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HUGHES, BETTY A <input type="checkbox"/> Delete 2080 NEWFOUND HARBOR DR MERRITT ISLAND, FL 329522841		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GLORIA SYRING <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4059 JUDITH AVE. MERRITT ISLAND, FL 32953	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOTTINGER, BILL <input checked="" type="checkbox"/> Delete 2102 BLUES DR. S CALVERTON, NY 11933		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Betty A. Hughes</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>5/14/08</u> <u>321-453-6433</u> <small>Daytime Phone #</small>		