

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47987

FILED
Mar 05, 2009
Secretary of State

Entity Name: BELLA VITA PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O BJ5 BOOKEEPING
2080 NEWFOUND HARBOR DR.
MERRITT ISLAND, FL 32952

New Principal Place of Business:

C/O BJS BOOKEEPING
2080 NEWFOUND HARBOR DR.
MERRITT ISLAND, FL 32952

Current Mailing Address:

C/O BJ5 BOOKEEPING
2080 NEWFOUND HARBOR DR.
MERRITT ISLAND, FL 32952

New Mailing Address:

C/O BJS BOOKEEPING
2080 NEWFOUND HARBOR DR.
MERRITT ISLAND, FL 32952

FEI Number: 65-0379859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUGHES, BETTY A
2080 NEWFOUND HARBOR DR.
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: EMPSON, JANICE
Address: 4161 TIMOTHY DR.
City-St-Zip: MERRITT ISLAND, FL 32953

Title: DT () Delete
Name: HUGHES, BETTY A
Address: 2080 NEWFOUND HARBOR DR
City-St-Zip: MERRITT ISLAND, FL 329522841

Title: P () Delete
Name: SYRING, GLORIA
Address: 4059 JUDITH AVE.
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY A. HUGHES

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03/05/2009

Electronic Signature of Signing Officer or Director

Date