
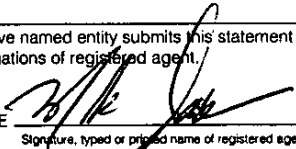
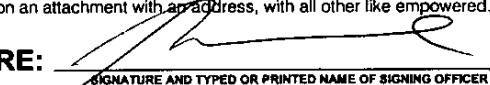
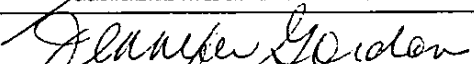


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State

05-30-2006 90039 018 ****61.25

DOCUMENT # N96000003566			
Entity Name BELLA VISTA OCEAN CLUB CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1755 N HWY A1A INDIALANTIC, FL 32903 US		Mailing Address 582 HWY A1A SATELLITE BCH, FL 32937 US	
Principal Place of Business <i>Space Coast Property Management</i>		Mailing Address <i>Space Coast Property Management</i>	
Suite, Apt. #, etc. 654 Classic Ct Suite 104		Suite, Apt. #, etc. 645 Classic Ct. Suite 104	
City & State Melbourne FL		City & State Melbourne FL	
Zip 32940		Zip 32940	
Country US		Country US	
4. FEI Number 59-3425114		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02142006 Chg-NP CR2E037 (11/05)	
8. Name and Address of Current Registered Agent PROKOP, VICTORIA 582 HWY A1A SATELLITE BCH, FL 32937		7. Name and Address of New Registered Agent Space Coast Property Management Street Address (P.O. Box Number is Not Acceptable) 645 Classic Ct Suite 104 Melbourne FL 32940	
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 MACK JACKSON DATE 3/2/2006	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HASSOL, BOB 1755 HWY A1A #602 INDIALANTIC, FL 32903 <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	VD FILLEMAN, SPENCER 1755 N HWY A1A #202 INDIALANTIC, FL 32903 <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	SD WACK, RICHARD 1755 N HWY A1A #502 INDIALANTIC, FL 32903 <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	D MARTIN, RICK 1755 N. HWY. A1A #801 INDIALANTIC, FL 32903 <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	PD GORDON, JENNIFER 1755 N. HWY. A1A #802 INDIALANTIC, FL 32903 <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
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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robert Hassol, Treas. Date 5-17-06 Daytime Phone # 321-951-0280	
SIGNATURE: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JENNIFER GORDON Date 5/17/06 Daytime Phone # 321-182-7540	