

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90197 014 ****61.25

DOCUMENT # N96000003566

1. Entity Name
BELLA VISTA OCEAN CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**C/O SPACE COAST PROPERTY MANAGEMENT
 654 CLASSIC COURT SUITE 104
 MELBOURNE, FL 32940 US**

Mailing Address
**C/O SPACE COAST PROPERTY MANAGEMENT
 645 CLASSIC COURT SUITE 104
 MELBOURNE, FL 32940 US**



2. Principal Place of Business - No P.O. Box #

1755 N. HWY A1A

Suite, Apt. #, etc.

100

3. Mailing Address

1755 N. HWY A1A

Suite, Apt. #, etc.

100

01112007 Chg-NP CR2E037 (12/06)

City & State

INDIALANTIC, FL

City & State

INDIALANTIC, FL

4. FEI Number

59-3425114

Applied For

Not Applicable

Zip

32903

Country

USA

Zip

32903

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SPACE COAST PROPERTY MANAGEMENT
 645 CLASSIC COURT SUITE 104
 SUITE 104
 MELBOURNE, FL 32940**

7. Name and Address of New Registered Agent

Name **S. FILLEMAN**

Street Address (P.O. Box Number is Not Acceptable)

1755 N. HWY A1A

302

City

INDIALANTIC

FL

Zip Code

32903

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

W. S. Filleman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-11-07

DATE

**Filing Fee is \$61.25
 Due by May 1, 2007**

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 **TD** Delete
 NAME **HASSOL, BOB**
 STREET ADDRESS **1755 HWY A1A #602**
 CITY-ST-ZIP **INDIALANTIC, FL 32903**

TITLE **VD** Delete
 NAME **FILLEMAN, SPENCER**
 STREET ADDRESS **1755 N HWY A1A #202**
 CITY-ST-ZIP **INDIALANTIC, FL 32903**

TITLE **SD** Delete
 NAME **WACK, RICHARD**
 STREET ADDRESS **1755 N HWY A1A #502**
 CITY-ST-ZIP **INDIALANTIC, FL 32903**

TITLE **D** Delete
 NAME **MARTIN, RICK**
 STREET ADDRESS **1755 N. HWY. A1A #801**
 CITY-ST-ZIP **INDIALANTIC, FL 32903**

TITLE **PD** Delete
 NAME **GORDON, JENNIFER**
 STREET ADDRESS **1755 N. HWY. A1A #802**
 CITY-ST-ZIP **INDIALANTIC, FL 32903**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P/D** Change Addition
 NAME
 STREET ADDRESS **#302**
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **MARTIS, RICK**
 STREET ADDRESS **255 SEACREST DR**
 CITY-ST-ZIP **MELBOURNE BEACH, FL 32951**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V/D** Change Addition
 NAME **WENDELL KISH**
 STREET ADDRESS **1755 N. HWY A1A, #301**
 CITY-ST-ZIP **INDIALANTIC, FL 32903**

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:

Bob Hassol, Treasurer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/11/07

Daytime Phone #

321-223-2711