

**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. Till*

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

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

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

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

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

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bob Hassol, Treasurer

Date

1/11/07

Daytime Phone #

321-223-2711