

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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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

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

Zip Country
32903 USA

Zip Country
32903 USA

4. FEI Number
59-3425114

Applied For
 Not Applicable

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. Fille (NOTE: Registered Agent signature required when reinstating) DATE 1-11-07

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 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	VD FILLEMAN, SPENCER 1755 N HWY A1A #202 INDIALANTIC, FL 32903 <input type="checkbox"/> Delete
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	D MARTIN, RICK 1755 N. HWY. A1A #801 INDIALANTIC, FL 32903 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GORDON, JENNIFER 1755 N. HWY. A1A #802 INDIALANTIC, FL 32903 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition #302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARTIS, RICK 255 SEACREST DR MELBOURNE BEACH, FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WENDELL KISH 1755 N. HWY A1A, #301 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 Date 1/11/07 Daytime Phone # 321-223-2711