

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

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME **V/D WENDELL KISH**  Change  Addition  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Bob Hassol, Treasurer*

Date

**1/11/07**

Daytime Phone #

**321-223-2711**