


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90047 007 ****61.25

DOCUMENT # N96000003566							
1. Entity Name BELLA VISTA OCEAN CLUB CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business 1755 NORTH HWY A1A SUITE 100 INDIALANTIC, FL 32903 US			Mailing Address 1755 NORTH HWY A1A SUITE 100 INDIALANTIC, FL 32903 US				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-3425114			
Zip	Country	Zip	Country	Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
FILLEMAN, S. 1755 NORTH HWY A1A SUITE 302 INDIALANTIC, FL 32903			7. Name and Address of New Registered Agent				
			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by May 1, 2008		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	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HASSOL, BOB		NAME				
STREET ADDRESS	1755 HWY A1A #602		STREET ADDRESS				
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FILLEMAN, SPENCER		NAME				
STREET ADDRESS	1755 NORTH HWY A1A SUITE 302		STREET ADDRESS				
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WACK, RICHARD		NAME				
STREET ADDRESS	1755 N HWY A1A #502		STREET ADDRESS				
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARTIN, RICK		NAME				
STREET ADDRESS	255 SEACREST DR		STREET ADDRESS				
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WENDELL, KISH		NAME	<i>VD KISH, Wendell</i>			
STREET ADDRESS	1755 NORTH HWY A1A SUITE 301		STREET ADDRESS	<i>SAME</i>			
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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: <i>X [Signature]</i>			Date _____ Daytime Phone # _____				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							