

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 13, 2009
Secretary of State**

DOCUMENT# N96000003566

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

Current Principal Place of Business:

1755 NORTH HWY A1A
SUITE 100
INDIALANTIC, FL 32903 US

New Principal Place of Business:

Current Mailing Address:

1755 NORTH HWY A1A
SUITE 100
INDIALANTIC, FL 32903 US

New Mailing Address:

FEI Number: 59-3425114 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FILLEMAN, S.
1755 NORTH HWY A1A
SUITE 302
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: HASSOL, BOB
Address: 1755 HWY A1A #602
City-St-Zip: INDIALANTIC, FL 32903

Title: PD () Delete
Name: FILLEMAN, SPENCER
Address: 1755 NORTH HWY A1A SUITE 302
City-St-Zip: INDIALANTIC, FL 32903

Title: SD () Delete
Name: WIACK, RICHARD
Address: 1755 N HWY A1A #502
City-St-Zip: INDIALANTIC, FL 32903

Title: D () Delete
Name: MARTIN, RICK
Address: 255 SEACREST DR
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: VD () Delete
Name: WENDELL, KISH
Address: 1755 NORTH HWY A1A SUITE 301
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MARTIS, RICK
Address: 255 SEACREST DR
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: VD (X) Change () Addition
Name: KISH, WENDELL
Address: 1755 NORTH HWY A1A SUITE 301
City-St-Zip: INDIALANTIC, FL 32903

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT HASSOL

Electronic Signature of Signing Officer or Director

TREA

04/13/2009

Date