

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000006607

**Entity Name:** BELLA VISTA AT DELRAY BEACH CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 09, 2022**  
**Secretary of State**  
**7696670138CC**

**Current Principal Place of Business:**

110 GLEASON ST  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

C/O BOUTIQUE PROPERTY MANAGEMENT  
455 NE 5TH AVENUE SUITE D281  
DELRAY BEACH, FL 33483 US

**FEI Number: 20-3867169**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GELFAND & ARPE, P.A.  
1555 PALM BEACH LAKES BLVD  
SUITE 1220  
WEST PALM BEACH, FL 33401 US

*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

**Officer/Director Detail :**

Title PD  
Name BAIRD, MICHAEL  
Address 9320 BEAVER VALLEY LANE  
City-State-Zip: CORDOVA TN 38018

Title VP, TREASURER  
Name NOACK, PATRICK  
Address 110 GLEASON STREET  
APT.#302  
City-State-Zip: DELRAY BEACH FL 33483

Title SECRETARY  
Name LYNCH, WILLIAM  
Address 110 GLEASON STREET  
APT.#203  
City-State-Zip: DELRAY BEACH FL 33483

*I hereby 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 all other like empowered.*

**SIGNATURE: PATRICK NOACK**

**TREASURER**

**02/09/2022**

Electronic Signature of Signing Officer/Director Detail

Date