2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23455

Entity Name: BELLA VISTA ON THE PARK CONDOMINIUM ASSOCIATION,

INC.

ATION

Mar 18, 2020 Secretary of State 8719062976CC

FILED

Current Principal Place of Business:

C/O COASTAL PROPERTY MANAGEMENT 10 SE CENTRAL PKWY, #400

STUART, FL 34994

Current Mailing Address:

C/O COASTAL PROPERTY MANAGEMENT 10 SE CENTRAL PKWY, #400 STUART, FL 34994 US

FEI Number: 65-0184467 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TREASURE COAST LEGAL 100 SW ALBANY AVE SUITE 310 STUART, FL 34994 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: ROBERT RYDZEWSKI 03/18/2020

Electronic Signature of Registered Agent Date

Officer/Director Detail:

TitleVPTitleSECRETARYNameBERNSTEIN, JASONNamePALLOTTA, LINA

Address C/O COASTAL PROPERTY Address C/O COASTAL PROPERTY

MANAGEMENT MANAGEMENT

10 SE CENTRAL PKWY, #400 10 SE CENTRAL PKWY, #400

City-State-Zip: STUART FL 34994 City-State-Zip: STUART FL 34994

Title TREASURER Title DIRECTOR

Name MULLIGAN, WILLIAM Name SHANKS, ROBERT

Address C/O COASTAL PROPERTY Address C/O COASTAL PROPERTY

MANAGEMENT MANAGEMENT

10 SE CENTRAL PKWY, #400 10 SE CENTRAL PKWY, #400

City-State-Zip: STUART FL 34994 City-State-Zip: STUART FL 34994

Title PRESIDENT

Name GALLO, ANTHONY

Address C/O COASTAL PROPERTY

MANAGEMENT

10 SE CENTRAL PKWY, #400

City-State-Zip: STUART FL 34994

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: ANTHONY GALLO PRESIDENT 03/18/2020