

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90167 015 ****61.25

0056030

DOCUMENT # 767384

1. Entity Name

BAY BELLA VISTA ASSOCIATION, INC.



Principal Place of Business

**5201 GULF DR
HOLMES BCH FL 34217
US**

Mailing Address

**5500 MARINA DR
STE 1
HOLMES BEACH FL 34217
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0005995**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**RICHARD A HAMPTON
244 SOUTH HARBOR DRIVE
SUITE 4
HOLMES BEACH FL 34217**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D REYWER, JOE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	4720 AMBERWOOD DR DAYTON OH 45424		
<input type="checkbox"/> Delete	DST HAMPTON, KATHRYN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	244 SO HARBOR DR 4 HOMES BCH FL		
<input type="checkbox"/> Delete	D FRIEDMAN, MORTON	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	6907 PEBBLE CREEK WOOD DR WEST BLOOMFIELD MI		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 I am empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03

CR2E037 (10/02)