

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 768890 (6)  
1. Corporation Name  
**THE BAY VISTA ESTATES HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
P O BOX 22305 LAKE BUENA VISTA FL 32830 P O BOX 22305 LAKE BUENA VISTA FL 32830-2305

3. Date Incorporated or Qualified 06/13/1983 3a. Date of Last Report 05/01/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2364955		Applied For	
21		26				Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		29 Country		30 Zip		Country	
						8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~JENNINGS, JOHN  
8425 SAND LAKE SHORES COURT  
ORLANDO FL 32836~~

81 Name	THOMAS D. WRIGHT	
82 Street Address (P.O. Box Number is Not Acceptable)	8663 NICOLEWOOD COURT	
83		
84 City	ORLANDO	FL 85 Zip Code 32836

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE 3/21/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D VICE PRESIDENT VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGER, MICHAEL	1.2 NAME	ANTHONY A. BUCCINO
STREET ADDRESS	8550 SAND LAKE SHORES DR	1.3 STREET ADDRESS	8638 VISTA PINE COURT
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO FL 32836
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D SECRETARY TREASURER STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELAURO, CHARLES	2.2 NAME	RONALD L. COUNSELL
STREET ADDRESS	8342 SAND LAKE SHORES DRIVE	2.3 STREET ADDRESS	9494 BAYVISTA ESTATES BLVD
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO FL 32836
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D PRESIDENT PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNINGS, JOHN	3.2 NAME	THOMAS D. WRIGHT
STREET ADDRESS	8425 SAND LAKE SHORES COURT	3.3 STREET ADDRESS	8663 NICOLEWOOD COURT
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	ORLANDO FL 32836
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: CHARLES GELAURO DATE: 3-21-99 407-241-8421

CR2E037 (9/96)