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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 768890

1. Corporation Name

THE BAY VISTA ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

P O BOX 22305
 LAKE BUENA VISTA FL 32830

Mailing Address

P O BOX 22305
 LAKE BUENA VISTA FL 32830



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/13/1983

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
 59-2364955

Applied For
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip 25 Country

28 Zip 29 Country 30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUCCINO, ANTHONY A
 8638 VISTA PINE CT.
 ORLANDO FL 32836

81 Name

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

83

84 City

FL

85 Zip Code

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 *Anthony A Buccino*
 Signature, typed or printed name of registered agent and title if applicable.

Anthony A Buccino
 (NOTE: Registered Agent signature required when reinstating)

4/18/99
 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~PD~~ DELETE
 NAME BUCCINO, ANTHONY A
 STREET ADDRESS 8638 VISTA PINE COURT
 CITY-ST-ZIP ORLANDO FL

1.1 TITLE STD Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE STD DELETE
 NAME COUNSELL, RONALD L
 STREET ADDRESS 9494 BAYSHORE EASTATES BLVD.
 CITY-ST-ZIP ORLANDO FL

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DVP DELETE
 NAME WRIGHT, THOMAS D
 STREET ADDRESS 8663 NICOLEWOOD COURT
 CITY-ST-ZIP ORLANDO FL

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE PD DELETE
 NAME THOMAS S. INGRA
 STREET ADDRESS 9611 BAY VISTA ESTATES BLVD.
 CITY-ST-ZIP ORLANDO, FL 32836

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE VP DELETE
 NAME MICHAEL AMSTERDAM
 STREET ADDRESS 9618 BAY VISTA ESTATES BLVD
 CITY-ST-ZIP ORLANDO, FL 32836

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE D DELETE
 NAME YVONNE COLEMAN
 STREET ADDRESS 8527 SAND LAKE SHORES DRIVE
 CITY-ST-ZIP ORLANDO, FL 32836

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *Anthony A Buccino* 4/18/99 407-352-2210
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)