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0018304

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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/99 407-352-2210

CR2E037 (1/98)