

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90093 034 \*\*\*\*61.25

**DOCUMENT # 768890**

1. Entity Name

**THE BAY VISTA ESTATES HOMEOWNER'S ASSOCIATION, I**

Principal Place of Business

Mailing Address

P O BOX 22305  
 LAKE BUENA VISTA FL 32830

P O BOX 22305  
 LAKE BUENA VISTA FL 32830

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

**59-2364955**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **THOMAS S INGRA**

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

**9611 BAY VISTA ESTATES BLVD**

City

**ORLANDO**

**FL**

Zip Code

**32836**

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.

SIGNATURE

*Thomas S. Ingra* **Thomas S. Ingra**

**04/28/01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **STD**  Delete  
 NAME **COLEMAN, YVONNE**  
 STREET ADDRESS **8527 SAND LAKE SHORES DRIVE**  
 CITY-ST-ZIP **ORLANDO FL 32836**

TITLE **VP**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **HOWARD, STEVE**  
 STREET ADDRESS **4876 BAY VISTA ESTATES BLVD**  
 CITY-ST-ZIP **ORLANDO FL 32836**

TITLE **STD**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Change  Addition  
 NAME **MARVIN MITCHELL**  
 STREET ADDRESS **9704 KEVIN VIEW COVE**  
 CITY-ST-ZIP **ORLANDO, FL 32836**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 like empowered.

SIGNATURE:

*Thomas S. Ingra* **Thomas S. Ingra, President**

*Thomas S. Ingra* **Thomas S. Ingra**

**407-855-3060 (w)**  
**04/28/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)