
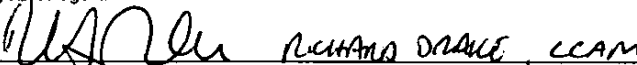
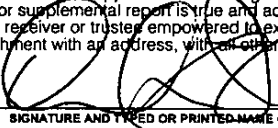


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90011 011 ****61.25

DOCUMENT # 768890					
1. Entity Name THE BAY VISTA ESTATES HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 5401 S KIRKMAN RD 450 ORLANDO, FL 32819			Mailing Address P O BOX 22305 LAKE BUENA VISTA, FL 32830		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 5401 S. KIRKMAN RD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 450			
City & State		City & State ORLANDO FL		4. FEI Number 59-2364955	
Zip		Zip 32819		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/>	
				Not Applicable <input type="checkbox"/>	
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.				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COMMUNITY MANAGEMENT PROFESSIONALS INC 5401 S KIRKMAN RD. ORLANDO, FL 32819			7. Name and Address of Now Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
SIGNATURE  RICHARD ORACE, CCAM			DATE 2/22/07		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee Is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKILEH, AIMAN			NAME	
STREET ADDRESS	9919 SUBLERTE AVE			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32836			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREESE, CHRISTOPHER			NAME	
STREET ADDRESS	8614 SAND LAKES SHORES DR			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32836			CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, DON			NAME	
STREET ADDRESS	9619 BAY VISTA ESTATES			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32836			CITY-ST-ZIP	
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, DON			NAME	
STREET ADDRESS	9619 BAY VISTA ESTATES BLVD			STREET ADDRESS	
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NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, without other like empowered.					
SIGNATURE: 			DATE: 1/22/07		Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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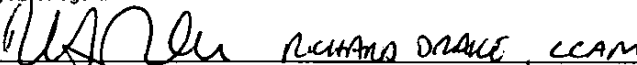
01182007 Chg-NP CR2E037 (12/06)

4. FEI Number **59-2364955** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of Now Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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  **RICHARD ORACE, CCAM** DATE **2/22/07**

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

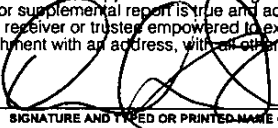
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SIGNATURE:  DATE: **1/22/07** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR