


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90018 004 ****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 5401 S KIRKMAN RD 450 ORLANDO, FL 32819
--	--

DO NOT WRITE IN THIS SPACE

40104031



04302008 No Chg-NP CR2E037 (4/06)

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

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

6. Name and Address of Current Registered Agent

COMMUNITY MANAGEMENT PROFESSIONALS INC
 5401 S KIRKMAN RD.
 ORLANDO, FL 32819

DO NOT WRITE IN THIS SPACE

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

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AKILEH AIMAN 9919 SUBLERTE AVE ORLANDO, FL 32836 <i>remove</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> BRESE, CHRISTOPHER 8614 SAND LAKES SHORES BLVD ORLANDO, FL 32836 <i>change</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, DON 9619 BAY VISTA ESTATES ORLANDO, FL 32836 <i>remove</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Sec./TREAS.</i> Mike Berger 8550 SAND LAKE SHORES BLVD ORLANDO, FL 32836 <i>Add</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP</i> JAMES BERGENSSON 8409 SAND LAKE SHORES BLVD ORLANDO, FL 32836 <i>Add</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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, with all other like empowered.

SIGNATURE: Chris Brees *(Signature)* **4-29-08** **407-903-9969**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 27.109