

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

0074008

05-05-2003 90339 015 \*\*\*\*61.25

**DOCUMENT # 768890**

1. Entity Name  
**THE BAY VISTA ESTATES HOMEOWNER'S ASSOCIATION, I  
NC.**



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  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2364955**

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

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**HOWARD, STEVE  
9876 BAY VISTA ESTATES BLVD.  
ORLANDO FL 32836**

7. Name and Address of New Registered Agent  
Name **MITCHELL, MARVIN**  
Street Address (P.O. Box Number is Not Acceptable)  
**9704 KEVIN VIEW COVE**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **MARVIN MITCHELL** *[Signature]* DATE **4/28/03**

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

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

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AMSTERDAM, MICHAEL 9618 BAY VISTA ESTATES BLVD ORLANDO FL 32836	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COLEMAN, YVONNE 8527 SAND LAKE SHORES DRIVE ORLANDO FL 32836	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOWARD, STEVE 9876 BAY VISTA ESTATES BLVD ORLANDO FL 32836	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MITCHELL, MARVIN 9704 KEVIN VIEW COVE ORLANDO FL 32836	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BROWN, KAREN 9792 BAY VISTA ESTATES BLVD ORLANDO FL 32836	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOB WATKINS 9786 SIBLEY CIRCLE ORLANDO, FL 32836	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *[Signature]* **MARVIN MITCHELL** DATE **4/28/03** 407-709-1418

CR2E037 (10/02)