# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

02-22-2008 90017 015 ****61.25
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DOCUMENT # N06000009032

1. Entity Name
BELLE VISTA ON LAKE CONWAY HOMEOWNERS ASSOCIATION, INC.

FILED
2008 APR 10 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 300 COLONIAL CENTER PARKWAY<br>SUITE 200<br>LAKE MARY, FL 32746 | 300 COLONIAL CENTER PARKWAY<br>SUITE 200<br>LAKE MARY, FL 32746 |

02152008 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 1031 W. Morse Blvd. | 1031 W. Morse Blvd. |
| Suite, Apt. #, etc.: Suite 350 | Suite, Apt. #, etc.: Suite 350 |
| City & State: Winter Park, FL | City & State: Winter Park, FL |
| Zip: 32789 Country: U.S.A. | Zip: 32789 Country: U.S.A. |

4. FEI Number: 26-1179600 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GRAHAM BUILDER JONES PRATT & MARKS, LLP
369 N. NEW YORK AVE
THIRD FLOOR
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name: Swann & Hadley P.A.
Street Address (P.O. Box Number is Not Acceptable): 1031 W. Morse Blvd., Suite 350
City: Winter Park FL Zip Code: 32789

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: _____ DATE: 2/18/08
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, 2008**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D/P<br>LEWIS, JAY C<br>300 COLONIAL CENTER PARKWAY, SUITE 200<br>LAKE MARY, FL 32746 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director/President/ST<br>Christian M. Swann<br>1031 W. Morse Blvd., Suite 350<br>Winter Park, FL 32789 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D/VP<br>ANDERSON, KATHERINE H<br>300 COLONIAL CENTER PARKWAY, SUITE 200<br>LAKE MARY, FL 32746 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director/VP<br>Sharon B. Abner<br>1031 W. Morse Blvd., Suite 350<br>Winter Park, FL 32789 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D/ST<br>PASH, STEVE<br>300 COLONIAL CENTER PARKWAY, SUITE 200<br>LAKE MARY, FL 32746 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director/Ast. Sec/Ast. Treasurer<br>Karen M. Brown<br>1031 W. Morse Blvd., Suite 350<br>Winter Park, FL 32789 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** _____ 2-18-08 407-643-8977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #