

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90245 034 ****61.25

DOCUMENT # 767384

1. Entity Name
BAY BELLA VISTA ASSOCIATION, INC.



Principal Place of Business
**5201 GULF DR
HOLMES BCH, FL 34217 US**

Mailing Address
**5500 MARINA DR
STE 1
HOLMES BEACH, FL 34217 US**

00044367



DO NOT WRITE IN THIS SPACE

01252005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0005995

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~RICHARD A HAMPTON~~ **JOSEPH. L. REUWER**
**244 SOUTH HARBOR DRIVE
SUITE X6
HOLMES BEACH, FL 34217**

**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 *Joseph L. Reuwer*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

18 APR 2005
DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	DREUWER JR
NAME	REUWER, JOE
STREET ADDRESS	4720 AMBERWOOD DR
CITY-ST-ZIP	DAYTON, OH 45424
TITLE	DST
NAME	HAMPTON, KATHRYN
STREET ADDRESS	244 SO HARBOR DR 4
CITY-ST-ZIP	HOMES BCH, FL
TITLE	D
NAME	FRIEDMAN, MORTON
STREET ADDRESS	6907 PEBBLE CREEK WOOD DR
CITY-ST-ZIP	WEST BLOOMFIELD, MI
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: *Joseph L. Reuwer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 APRIL 2005 937 266-8990
Date Daytime Phone #