


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90163 042 ****61.25

DOCUMENT # 768890 1. Entity Name THE BAY VISTA ESTATES HOMEOWNER'S ASSOCIATION, INC.			
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 5401 S Kirkman Rd Suite, Apt. #, etc. 450		3. Mailing Address 5401 S Kirkman Rd Suite, Apt. #, etc.	
City & State Orlando FL		City & State Orlando FL	
Zip 32819		Zip 32819	
Country USA		Country	
4. FEI Number 59-2364955		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHOELING, THERESA 9635 BAY VISTA ESTATES BLVD ORLANDO, FL 32836		7. Name and Address of New Registered Agent Community Management Professionals Inc 5401 S. Kirkman Rd Suite 450 Orlando FL 32819	
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 4-13-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP D MYERS, GARY 9765 GAULT STREET ORLANDO, FL 32836	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Secretary Aiman Akileh 9919 Sublette Ave. Orlando, FL 32836	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD WATKINS, BOB 9786 SIBLEY CIRCLE ORLANDO, FL 32836	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Treasurer Christopher Broesa 8614 Sand Lake Shores Dr. Orlando, FL 32836	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD SCHOELING, THERESA 9635 BAYVISTA ESTATES BLVD ORLANDO, FL 32836	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP President Jones, Don 9619 Bay Vista Estates Orlando, FL 32836	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TD JONES, DON 9619 BAY VISTA ESTATES BLVD ORLANDO, FL 32836	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> 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 line empowered.			
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date Apr 12, 2006 Daytime Phone # 407 903 9909	