

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768890

FILED  
Jan 13, 2009  
Secretary of State

**Entity Name:** THE BAY VISTA ESTATES HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

5401 S KIRKMAN RD  
450  
ORLANDO, FL 32819

**New Principal Place of Business:**

5401 S KIRKMAN RD  
STE. 450  
ORLANDO, FL 32819

**Current Mailing Address:**

5401 S KIRKMAN RD  
450  
ORLANDO, FL 32819

**New Mailing Address:**

5401 S KIRKMAN RD  
STE. 450  
ORLANDO, FL 32819

**FEI Number:** 59-2364955

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

COMMUNITY MANAGEMENT PROFESSIONALS INC  
5401 S KIRKMAN RD.  
STE. 450  
ORLANDO, FL 32819 US

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.

SIGNATURE: KAREN SFARA

01/13/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BREESE, CHRISTOPHER  
Address: 8614 SAND LAKES SHORES DR  
City-St-Zip: ORLANDO, FL 32836

Title: S/T ( ) Delete  
Name: BERGER, MIKE  
Address: 8550 SAND LAKE SHORES BLVD.  
City-St-Zip: ORLANDO, FL 32836

Title: VP ( ) Delete  
Name: BERGENSEN, JAMES  
Address: 8409 SAND LAKE SHORES BLVD.  
City-St-Zip: ORLANDO, FL 32836

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BREESE, CHRISTOPHER  
Address: 8614 SAND LAKES SHORES BLVD  
City-St-Zip: ORLANDO, FL 32836

Title: VP (X) Change ( ) Addition  
Name: BEERENSSON, JAMES  
Address: 8409 SAND LAKE SHORES BLVD.  
City-St-Zip: ORLANDO, FL 32836

Title: ST (X) Change ( ) Addition  
Name: BERGER, MIKE  
Address: 8550 SAND LAKE SHORES BLVD.  
City-St-Zip: ORLANDO, FL 32836

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER BREESE

P

01/13/2009

Electronic Signature of Signing Officer or Director

Date