

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001749

FILED  
Apr 27, 2007  
Secretary of State

**Entity Name:** BELLA VISTA GULFCOAST HOMEOWNERS ASSOCIATION, INC

**Current Principal Place of Business:**

26884 HICKORY BLVD.  
BONITA BEACH, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

26884 HICKORY BLVD.  
BONITA BEACH, FL 34134

**New Mailing Address:**

**FEI Number:** 59-3461157

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SNYDER, MICHELE  
26884 HICKORY BLVD.  
BONITA SPRINGS, FL 34134 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SNYDER, STEPHEN  
Address: 26884 HICKORY BOULEVARD  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DVP ( ) Delete  
Name: MEYERS, MARTY  
Address: 26876 HICKORY BOULEVARD  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DST ( ) Delete  
Name: SNYDER, MICHELE  
Address: 26884 HICKORY BOULEVARD  
City-St-Zip: BONITA SPRINGS, FL 34134

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MICHELE SNYDER

DST

04/27/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date