

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006335

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: BELLAVISTA AT HARBOR HILLS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6538 LAKE GRIFFIN RD.  
LADY LAKE, FL 32159

**New Principal Place of Business:**

6538 LAKE GRIFFIN RD.  
LADY LAKE, FL 32159 29

**Current Mailing Address:**

6538 LAKE GRIFFIN RD.  
LADY LAKE, FL 32159

**New Mailing Address:**

6538 LAKE GRIFFIN RD.  
LADY LAKE, FL 32159 29

FEI Number: 26-3101140

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SKATES, JEFFREY P  
1950 LAUREL MANOR DR., SUITE 140  
THE VILLAGE, FL 32162 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: D ( ) Delete  
Name: RICH, MICHAEL  
Address: 6538 LAKE GRIFFIN RD.  
City-St-Zip: LADY LAKE, FL 32159

Title: D ( ) Delete  
Name: RICH, ADAM  
Address: 6538 LAKE GRIFFIN RD.  
City-St-Zip: LADY LAKE, FL 32159

Title: D ( ) Delete  
Name: MILLER, LU ANN  
Address: 6538 LAKE GRIFFIN RD.  
City-St-Zip: LADY LAKE, FL 32159

**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: LU ANN MILLER

D

04/15/2009

Electronic Signature of Signing Officer or Director

Date