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Apr 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000000520 (7)

1. Corporation Name

BELLA VISTA HOMEOWNERS ASSOCIATION OF LAKE COUNTY, INC.

Principal Place of Business

Mailing Address

10043 BRIDGEVIEW DRIVE
HOWEY-IN-THE-HILLS FL 34737

10043 BRIDGEVIEW DRIVE
HOWEY-IN-THE-HILLS FL 34737



3. Date Incorporated or Qualified

02/05/1993

4. FEI Number

59-3175127

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COEN, CONRAD
10043 BRIDGEVIEW DRIVE
HOWEY-IN-THE-HILLS FL 34737

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

1.1 TITLE Director ☒ Change ☐ Addition

NAME COEN, CONRAD
STREET ADDRESS 10043 BRIDGEVIEW DRIVE
CITY-ST-ZIP HOWEY-IN-THE-HILLS FL 34737

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Director
COEN, CONRAD

TITLE VPD ☒ DELETE

2.1 TITLE ☐ Change ☒ Addition

NAME REEVES, MARVIN
STREET ADDRESS 26612 BELLA VISTA BLVD
CITY-ST-ZIP HOWEY-IN-THE-HILLS FL 34737

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

PD
DR RAY H. Hughes
26604 Bella Vista Blvd
Howey-in-the-Hills, FL 34737

TITLE TD ☒ DELETE

3.1 TITLE ☐ Change ☒ Addition

NAME REEVES, PAT
STREET ADDRESS 26612 BELLA VISTA BLVD
CITY-ST-ZIP HOWEY-IN-THE-HILLS FL 34737

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TD
Mr Kenneth Jones (NA)
PO BOX 2280
Smithfield, NC 27577

TITLE SD ☒ DELETE

4.1 TITLE ☐ Change ☒ Addition

NAME FURNAS, BOB
STREET ADDRESS 26609 BELLA VISTA BLVD
CITY-ST-ZIP HOWEY-IN-THE-HILLS FL 34737

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Director
DR Gene Lee
Sousa Drive
Sands Point, NY 11050

TITLE SD ☒ DELETE

5.1 TITLE ☐ Change ☒ Addition

NAME COEN, TERRI
STREET ADDRESS 10043 BELLA VISTA BLVD
CITY-ST-ZIP HOWEY-IN-THE-HILLS FL 34737

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Mr Thomas Cho
11 Windemere Way
Woodbury, NY 11797
Director

TITLE D ☒ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME CHUNG, K.K.
STREET ADDRESS 10019 BRIDGEVIEW DR.
CITY-ST-ZIP HOWEY-IN-THE-HILLS FL 34737

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: CONRAD T COEN

3/31/98 (352) 324-2186

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