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**Secretary of State**

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N93000000520**

1. Corporation Name

**BELLA VISTA HOMEOWNERS ASSOCIATION OF LAKE COUNT  
Y, INC.**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 **BELLA VISTA**

Suite, Apt. #, etc.

22 **Box 224**

City & State

23 **Howey, FL**

Zip

24 **34737**

Country

25 **USA**

2a. Mailing Address

26 **Box 224**

Suite, Apt. #, etc.

27 **Howey, FL**

City & State

28 **34737**

Zip

29 **USA**

Country

3. Date Incorporated or Qualified

**02/05/1993**

4. FEI Number

**59-3175127**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

9. Name and Address of Current Registered Agent

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

**NEW ADDRESS  
RAY H. HUGHES  
26604 BELLA VISTA  
HOWEY IN THE HILLS  
FLA. 34737**

10. Name and Address of New Registered Agent

81 Name

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

83 City

84 Zip Code

85 State

86 City

87 Zip Code

88 State

89 City

90 Zip Code

91 State

92 City

93 Zip Code

94 State

95 City

96 Zip Code

97 State

98 City

99 Zip Code

100 State

101 City

102 Zip Code

103 State

104 City

105 Zip Code

106 State

107 City

108 Zip Code

109 State

110 City

111 Zip Code

112 State

113 City

114 Zip Code

115 State

116 City

117 Zip Code

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119 City

120 Zip Code

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122 City

123 Zip Code

124 State

125 City

126 Zip Code

127 State

128 City

129 Zip Code

130 State

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 617.0508, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/20/99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **COEN, CONRAD**

STREET ADDRESS **10043 BRIDGEVIEW DRIVE**

CITY-ST-ZIP **HOWEY-IN-THE-HILLS FL 34737**

TITLE ☐ DELETE

NAME **HUGHES, DR. RAY H.**

STREET ADDRESS **26604 BELLA VISTA BLVD**

CITY-ST-ZIP **HOWEY-IN-THE HILLS FL 34737**

TITLE ☐ DELETE

NAME **JONES, KENNETH**

STREET ADDRESS **P.O. BOX 2280 N/A**

CITY-ST-ZIP **SMITHLAND NC 27577**

TITLE ☐ DELETE

NAME **LEE, DR. GENE**

STREET ADDRESS **SOUSA DRIVE**

CITY-ST-ZIP **SANDS POINT NY 11050**

TITLE ☐ DELETE

NAME **CHO, THOMAS**

STREET ADDRESS **11 WINDMERE WAY**

CITY-ST-ZIP **WOODBURG NY 11797**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

**SIG RAY H. HUGHES**

**1/20/99**

Residence Phone #

CR2E037 (11/98)