

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000520

1. Entity Name

BELLA VISTA HOMEOWNERS ASSOCIATION OF LAKE COUNT

Principal Place of Business

BELLA VISTA  
BOX 224  
HOWEY-IN-THE-HILLS FL 34737

Mailing Address

22604 BELLA VITA  
HOWEY IN THE HILLS FL 34737

2. Principal Place of Business

26604 BELLA VISTA  
Suite, Apt. #, etc.  
HOWEY IN THE HILLS  
City & State  
FL

3. Mailing Address

BOX 224  
Suite, Apt. #, etc.  
HOWEY IN THE HILLS, FL.  
City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3175127

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HUGHES, RAY H  
26604 BELLA VISTA  
HOWEY-IN-THE-HILLS FL 34737

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME HUGHES, DR. RAY H.  
STREET ADDRESS 26604 BELLA VISTA BLVD  
CITY-ST-ZIP HOWEY-IN-THE HILLS FL 34737 ☐ Delete

TITLE TD  
NAME JONES, KENNETH  
STREET ADDRESS P.O. BOX 2280 N/A  
CITY-ST-ZIP SMITHLAND NC 27577 ☐ Delete

TITLE D  
NAME CHO, THOMAS  
STREET ADDRESS 11 WINDMERE WAY  
CITY-ST-ZIP WOODBURG NY 11797 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0093657