## 2004 NOT-

## **FILED**

-FOR-PROFIT CORPO ANNUAL REPORT	RATION	Apr 02, 2004 8:00 am Secretary of State
N94000005201		04-02-2004 90021 010 ****61.25

DOCUMENT # N9400005201  1. Entity Name BELLA VISTA INTERVAL OWNERSHIP ASSOCIATION, INC.						04-02-20	04 90021 (	010 ****6	1.25
Principal Place of Business  26935 BELLA VISTA BLVD. HOWEY IN THE HILLS, FL 34737  Mailing Address P.O. BOX 66, HIGHWAY 48 HOWEY IN THE HILLS, FL 34737							54025	5291	
Principal Place of Business     3. Mailing Address		3. Mailing Address				<b>   </b>	<b>  11</b>      <b>16</b>      <b>16</b>		
Suite, Apt. #, etc. Suite, Apt.		Suite, Apt. #, etc.	ot. #, etc.		02142004	Chg-NP	CR2E0	37 (10/03)	
City & State	State City & State			4	FEI Number 59-3346				plied For ot Applicable
Zip	Country	Zip	Country	5	Certificate o	of Status Desire	ed 🔲	\$8.75 Add	ditional
	6. Name and Address of Current Re-	gistered Agent		7	Name and	Address of Ne	w Registered	Agent	
BARKER, I	PATTI .		Name						
595 N. NO	VA RD., STE 205 BEACH, FL 32174		Street A	ddress (P.C	). Box Numbe	r is Not Accept	able)		
			City					Zip Cod	e
	named entity submits this statement for th		<u>L</u>				FL	<u>-                                      </u>	
	ions of registered agent.							· _	·
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: I	Registered Agent signati	ure required wha	n reinstating)		DATE		
	Filling Fee is \$61.25 Due by May 1, 2004	9. Election Camp Trust Fund Co	paign Financing	\$	5.00 May Be	•	<del>-</del>	ck payable t	
10.	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing	□ \$	5.00 May Be ided to Fees	NGES TO OFF	Make chec Florida Depa	rtment of S	tate
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I nereby 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 like empowered.

SIGNATURE: Patter Bartina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

386-677-3109 Daytime Phone #