

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90021 010 ****61.25

DOCUMENT # N94000005201

1. Entity Name
BELLA VISTA INTERVAL OWNERSHIP ASSOCIATION, INC.



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**

54025291



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02142004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3346361

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARKER, PATTI
595 N. NOVA RD., STE 205
ORMOND BEACH, FL 32174**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
YOU, KENNY
7 LAKE ROAD WEST
GREAT NECK, NY 11020 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary/Director ☐ Change ☒ Addition
Wanda Montgomery
107 East Lakeview Avenue
Howey In The Hills, FL 34737

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
PARK, RICHARD
39 TIFFANY CIRCLE
MANHASSET, NY 11030 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director ☐ Change ☒ Addition
Dong Wong Cho
939 Wynhaven Lane
St. Louis MO 63124

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEE, PHILLIP MR.
750 . RUSH STREET, APT. 707
CHICAGO, IL 60611 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President/Director ☒ Change ☐ Addition
750 N Rush St., Apt 707

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR ☐ Change ☒ Addition
Ray Buncy
364 Lakeview Blvd.
Develan NY 14042

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director ☐ Change ☒ Addition
Clara Clark
6771 Nightwind Circle
Orlando FL 32818-8842

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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 like empowered.

SIGNATURE:

Patti Barker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/4

386-677-3109

Date

Daytime Phone #