

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005201

FILED
Apr 29, 2005
Secretary of State

Entity Name: BELLA VISTA INTERVAL OWNERSHIP ASSOCIATION, INC.

Current Principal Place of Business:

26935 BELLA VISTA BLVD.
HOWEY IN THE HILLS, FL 34737

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 66, HIGHWAY 48
HOWEY IN THE HILLS, FL 34737

New Mailing Address:

26907 BELLA VISTA BLVD.
HOWEY IN THE HILLS, FL 34737

FEI Number: 59-3346361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BARKER, PATTI
533 N. NOVA RD., STE 211
ORMOND BEACH, FL 32174 US

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:

04/29/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: MONTGOMERY, WANDA
Address: 107 EAST LAKEVIEW AVE.
City-St-Zip: HOWEY IN THE HILLS, FL 34737

Title: D () Delete
Name: CHO, DONG WONG
Address: 939 WYNHAVEN LANE
City-St-Zip: SAINT LOUIS, MO 63124

Title: PD () Delete
Name: LEE, PHILLIP MR.
Address: 750 N RUSH ST., APT 707
City-St-Zip: CHICAGO, IL 60611

Title: D () Delete
Name: BUNCY, RAY
Address: 364 LAKEVIEW BLVD
City-St-Zip: DELEVAN, NY 14042

Title: D () Delete
Name: CLARK, CLARA
Address: 6771 NIGHTWIND CIRCLE
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILLIP LEE

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date