

N94000005201

(Requestor's Name)

(Address)

(Address)

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14 DEC -8 PM 2:45

CL  
12-18-14

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE BELLA VISTA HOMEOWNERS ASSOCIATION OF LAKE COUNTY, FL.  
(Name of Corporation)

**DOCUMENT NUMBER:** 194000005201

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILLIAM GARBE

(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

559 BRIMMING LAKE RD

(Address)

MINNEOLA FL 34715

(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM GARBE

(Name of Person)

at ( 352 ) 243-5330

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

14 DEC -8 PM 2:45

I, WILLIAM GARRE, hereby resign as DIRECTOR  
(Title)

of BELLA VISTA INTERVAL OWNERSHIP ASSOCIATION INC.  
(Name of Corporation)  
OF LAKE COUNTY, FLORIDA, INC

N94 00 000 5201, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA.



(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314