

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90123 014 \*\*\*\*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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3346361**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARKER, PATTI  
595 N. NOVA RD., STE 2119  
ORMOND BEACH FL 32174**

Name

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

**595 N. NOVA Road, Ste. 205**

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 **PATTI BARKER**

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

*Patti Barker*

(NOTE: Registered Agent signature required when reinstating)

**2-4-03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PBG** ☒ Delete  
NAME **MCDERMOTT, PETER**  
STREET ADDRESS **P.O. BOX 66 HIGHWAY 48**  
CITY-ST-ZIP **HOWEY IN THE HILLS FL 34737**

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

TITLE **YTD** ☐ Delete  
NAME **YOUNG, KENNY**  
STREET ADDRESS **7 LAKE ROAD WEST**  
CITY-ST-ZIP **GREAT NECK NY 11020**

TITLE **P, D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **PARK, RICHARD**  
STREET ADDRESS **39 TIFFANY CIRCLE**  
CITY-ST-ZIP **MANHASSET NY 11030**

TITLE **S, D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **Mr. Phillip Lee**  
STREET ADDRESS **750 N. Rush Street, Apt. 707**  
CITY-ST-ZIP **Chicago IL 60611**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

**SIGNATURE REQUIRED**

**Kenny Young**

**2-7-03**

**386-677-3109**

CR2E037 (10/02)