

Filed
Secretary of State
State of Washington
Date Filed: 05/29/2019
Effective Date: 05/29/2019
UBI #: 602 045 508

## EXPRESS ANNUAL REPORT WITH CHANGES

## **BUSINESS INFORMATION**

**Business Name:** 

CHELAN VISTA HEIGHTS OWNERS ASSOCIATION

UBI Number: **602 045 508** 

Business Type:

WA NONPROFIT CORPORATION

**Business Status:** 

**ACTIVE** 

Principal Office Street Address:

720 BLAZING STAR LANE, CHELAN, WA, 98816, UNITED STATES

Principal Office Mailing Address:

PO BOX 804, CHELAN, WA, 98816-0804, UNITED STATES

Expiration Date: **05/31/2020** 

Jurisdiction:

UNITED STATES, WASHINGTON

Formation/Registration Date:

05/22/2000

Period of Duration:

**PERPETUAL** 

Inactive Date:

Nature of Business:

HOMEOWNERS ASSOCIATION

REGISTERED AGENT RCW 23.95.410

**Registered Agent** 

Name Street Address

**Mailing Address** 

LEVI COX

720 BLAZING STAR LN, CHELAN, WA, 98816-

0000, UNITED STATES

PO BOX 804, CHELAN, WA, 98816-0804,

UNITED STATES

# PRINCIPAL OFFICE

Phone:

7605788153

Email:

Received Date: 05/29/2019
Amount Received: \$10.00

### HCOX@S-37.COM

Street Address:

720 BLAZING STAR LANE, CHELAN, WA, 98816, USA

Mailing Address:

PO BOX 804, CHELAN, WA, 98816-0804, USA

### GOVERNORS

Title	Type	<b>Entity Name</b>	First Name	Last Name
GOVERNOR	INDIVIDUAL		DAVID	THORP
GOVERNOR	INDIVIDUAL		LEVI	COX
GOVERNOR	INDIVIDUAL		HEIDI	RYAN

## NATURE OF BUSINESS

**HOMEOWNERS ASSOCIATION** 

## **EFFECTIVE DATE**

Effective Date: 05/29/2019

### CONTROLLING INTEREST

1. Does your company own real property (including leasehold interests) in Washington?

#### NC

2. Has there been a transfer of stock, other financial interest change, or an option agreement exercised during the last 12 months that resulted in a transfer of controlling interest?

#### NO

3. Has an option agreement been executed in the last 12 months allowing for the future purchase or acquisition of the entity, that, if exercised would result in a transfer of controlling interest?

### NO

You must contact the Washington State Department of Revenue to report a Controlling Interest Transfer IF:

\* This company owns land, buildings or other real estate in Washington State,

### **AND**

\* Answered "YES" to questions 2 or 3 above.

Failure to report a Controlling Interest Transfer is subject to penalty provisions of RCW 82.45.220.

For more information on **Controlling Interest**, please call the Department of Revenue at (360) 534-1503, option 1, or visit www.dor.wa.gov/REET

### RETURN ADDRESS FOR THIS FILING

Attention:	
Email:	
Address:	

## **EMAIL OPT-IN**

By checking this box, I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

## **AUTHORIZED PERSON**

Person Type: INDIVIDUAL		
First Name: <b>LEVI</b>		
Last Name: COX		
Title:		

**GOVERNOR** 

This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.