

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:

05/31/2022

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:

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	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		DAVID	THORP
GOVERNOR	INDIVIDUAL		LEVI	COX

NATURE OF BUSINESS

HOMEOWNERS ASSOCIATION

EFFECTIVE DATE

Effective Date:

05/25/2021

CONTROLLING INTEREST

1. Does your entity own real property such as land or buildings (including leasehold interests) in Washington?

NO

2. As of January 1, 2019, has there been a transfer of stock, other financial interest change, or an option agreement exercised that resulted in a transfer of at least 16⅓ percent interest in the entity?

NO

a. If "yes", has the transfer of stock, other financial interest change, or an option agreement exercised resulted in a transfer of controlling interest (50 percent or greater)?

NO

3. As of January 1, 2019, has an option agreement been executed allowing for the future purchase or acquisition of the entity?

NO

You must report a [Controlling Interest Transfer Return](#) IF: you answered "yes" to questions 1 AND 2a.

Failure to report a Controlling Interest Transfer is subject to penalty provisions of [RCW 82.45.220](#).

For more information on **Controlling Interest**, 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:

ENTITY

First Name:

LEVI

Last Name:

COX

Entity Name:

CHELAN VISTA HEIGHTS OWNERS ASSOCIATION

Title:

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