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AND
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95 MAR -2 PM 3:47

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 745706 (2)
1. Corporation Name
HOME OWNERS ASSOCIATION OF PORT BUENA VISTA, INC.

Principal Place of Business Mailing Address
RT 2 BOX 107 EAST PALATKA FL 32131 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/24/1979** 3a. Date of Last Report **02/28/1994**
4. FEI Number **59-2518205** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**HIMEBAUGH, ALLEN
115 MARGARITA RD
PT BUENA VISTA SUBDIV
E. PALATKA FL 32131**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROBERTS, JOHN G.
STREET ADDRESS	RT 2 BOX 78
CITY - ST - ZIP	E. PALATKA FL
TITLE	D
NAME	CIGNARELLA, JOHN
STREET ADDRESS	RT 2 BOX 77
CITY - ST - ZIP	E. PALATKA FL
TITLE	TD
NAME	JOHNSON, MARION
STREET ADDRESS	RT 2 BOX 87
CITY - ST - ZIP	E. PALATKA FL
TITLE	SD
NAME	PRICE, ELLEN J.
STREET ADDRESS	RT 2 BOX 105
CITY - ST - ZIP	E. PALATKA FL
TITLE	D
NAME	SCHIMPF, DORIS
STREET ADDRESS	RT 2 BOX 90
CITY - ST - ZIP	E. PALATKA FL
TITLE	PD
NAME	HIMEBAUGH, ALLEN
STREET ADDRESS	RT 2 BOX 107
CITY - ST - ZIP	EAST PALATKA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	T/D JOHNSON, DONNA
3.3 STREET ADDRESS	RT 2 Box 88A
3.4 CITY - ST - ZIP	E. PALATKA FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	V/D WIGHTMAN, GUY
5.3 STREET ADDRESS	RT 2 Box 93
5.4 CITY - ST - ZIP	E PALATKA FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *A. R. Himebaugh* 2/20/94 328-54570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)

ITEM 13 - ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 12

7.1 TITLE

D

7.2 NAME

BURKE, HENRY

7.3 STREET ADDRESS

RT. 2, BOX 80

7.4 CIT ST ZIP

E. PALATKA 32131