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NONPROFIT CORPORATION ANNUAL REPORT



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

DOCUMENT #

1996

745706

(2)

Principal Place of Business RT 2 BOX 107 EAST PALATKA FL 32131 US HOME OWNERS ASSOCIATION OF PORT BUENA VISTA Mailing Address RT 2 BOX 107 EAST PALATKA FL 32131 US								
		US			3. Date Incorporated or Qualified 01/24/1979		of Last	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number			Applied For
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			59-2518205	·		Not Applicable
22		27			5. Certificate of Status Desired			5 Additional Required
City & Stat	te	City & State			6. Election Campaign Financing			00 May Be
Zip	Country	28 Z _I p	Country		Trust Fund Contribution		Adde	ed to Fees
4	25	29	Country 30	y	This corporation has liability for Florida Statutes	rintangible tax i		. 199.032,
	9. Name and Address of Cur		1001		10. Name and Address of New			
			81	Name		TO BIOLOGO M	-	
HIMEBAUGH, ALLEN			82	Street A	Address (P.O. Box Number is Not Accepta	abie)		
	RGARITA RD		90					
	NA VISTA SUBDIV ATKA FL 32131		83					
L. I ALF	ATTON 1 L 02101		84	City		FL	85 Zij	p Code
familiar w	red agent, or both, in the State of FI ith, and accept the obligations of, So	orida. Such change was authoriz ection 617.0503, Florida Statutes	red by the corp s.	oration's b	poration submits this statement for the proport of directors. I hereby accept the app	pointment as re	gistered	l agent. I am
SIGNATURE	Signature, typed or printed name of registered ag	pent and title if applicable (NC	OTE: Registered Ager	nt signature rec	Quired when reinstating:	DATE		
12.	OFFICERS A	AND DIRECTORS	OTE: Registered Ager	nt signature rec	uired when reinslating: ADDITIONS/CHANGES TO OF	DATE FICERS AND D	RECTO	DRS IN 12
12. Tille	OFFICERS A		13. 1.1 TITLE	nt signature rec		FICERS AND D	RECTO	PRS IN 12
12. Tille Name	OFFICERS A D ROBERTS, JOHN G.	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME			FICERS AND D		
12. TITLE NAME STREET ADDRESS	D ROBERTS, JOHN G. RT 2 BOX 78	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADORESS		FICERS AND D		
12. Tille Name Street address City-St-Zip	OFFICERS A D ROBERTS, JOHN G.	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADORESS	ADDITIONS/CHANGES TO OF	FICERS AND D	Change	Addition
12. TILLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D ROBERTS, JOHN G. RT 2 BOX 78 E. PALATKA FL D CIGNARELLA, JOHN	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 City-s	ADORESS	ADDITIONS/CHANGES TO OF	FICERS AND D		
112. TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME	D ROBERTS, JOHN G. RT 2 BOX 78 E. PALATKA FL D CIGNARELLA, JOHN RT 2 BOX 77	AND DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREET 14 CITY-S 21 TITLE	ADDRESS ST-ZIP	ADDITIONS/CHANGES TO OF D BURKE, HENRY	FICERS AND D	Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, JOHN G. RT 2 BOX 78 E. PALATKA FL D CIGNARELLA, JOHN RT 2 BOX 77 E. PALATKA FL	AND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	ADORESS ST-ZIP ADORESS	ADDITIONS/CHANGES TO OF D BURKE, HENRY	FICERS AND D	Change	Addition
12. TILLE NAME STREET ADDRESS DITY-ST-ZIP TILLE NAME STREET ADDRESS DITY-ST-ZIP TILLE	D ROBERTS, JOHN G. RT 2 BOX 78 E. PALATKA FL D CIGNARELLA, JOHN RT 2 BOX 77 E. PALATKA FL TD	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE	ADORESS ST-ZIP ADORESS	ADDITIONS/CHANGES TO OF	FICERS AND D	Change	Addition
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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 atlachment with an address.

SIGNATURE: