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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

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
RT 2 BOX 107 EAST PALATKA FL 32131-8932 US

3. Date Incorporated or Qualified 01/24/1979 3a. Date of Last Report 03/12/1996
4. FEI Number 59-2518205 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
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
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include names like ROBERTS, JOHN G., BURKE, HENRY, JOHNSON, DONNA, PRICE, ELLEN J., WIGHTMAN, GUY, HIMEBAUGH, ALLEN.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(i), 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: [Signature] SIGNED [Signature] DATE Daytime Phone 9042727

CR2E037 (9/96)

SECTION 12 OFFICERS AND DIRECTORS (NEW DIRECTOR)

SECTION 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

7.1 TITLE	D	(X) ADDITION
7.2 NAME	ANDERSON, JULIA	
7.3 ADDRESS	RT, 2M BOX 110	
7.4 CITY, STATE	E PALATKA FL. 32131	