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**Apr 28 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 745706 (2)
1. Corporation Name
HOME OWNERS ASSOCIATION OF PORT BUENA VISTA, INC.



Principal Place of Business RT 2 BOX 80 EAST PALATKA FL 32131 US	Mailing Address RT 2 BOX 100 81 E. PALATKA FL 32131
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3. Date Incorporated or Qualified 01/24/1979
4. FEI Number 59-2518205
Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 101 South Geraldo Rd.	2a. Mailing Address 26 Same
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 E. Palatka Fla	City & State 28
Zip 24 32131	Country 25 Putnam
Country 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/> Yes <input type="checkbox"/> No \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input type="checkbox"/> No \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No N/A

9. Name and Address of Current Registered Agent
**BURKE, HENRY
107 MARGARITA RD
E. PALATKA FL 32131**

10. Name and Address of New Registered Agent

81 Name Jane Schoenberg		
82 Street Address (P.O. Box Number is Not Acceptable) 101 S. GERALDO AVE Rd.		
83 E. PORT BUENA VISTA		
84 City E. Palatka	85 State FL	86 Zip Code 32131

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 **Jane Schoenberg** (NOTE: Registered Agent signature required when changing) DATE **3/25/98**

12. OFFICERS AND DIRECTORS

TITLE D	NAME ROBERTS, IVY	STREET ADDRESS ROUTE 2, BOX 78	CITY-ST-ZIP E PALATKA FL	<input checked="" type="checkbox"/> DELETE
TITLE VD	NAME BURKE, HENRY	STREET ADDRESS ROUTE 2, BOX 80	CITY-ST-ZIP EAST PALATKA FL	<input checked="" type="checkbox"/> DELETE
TITLE TD	NAME JOHNSON, DONNA	STREET ADDRESS RT 2 BOX 88A N/A	CITY-ST-ZIP E. PALATKA FL	<input checked="" type="checkbox"/> DELETE
TITLE SD	NAME PRICE, ELLEN J.	STREET ADDRESS RT 2 BOX 105	CITY-ST-ZIP E. PALATKA FL	<input checked="" type="checkbox"/> DELETE
TITLE D	NAME FANNING, DOROTHY	STREET ADDRESS ROUTE 2, BOX 88	CITY-ST-ZIP EAST PALATKA FL	<input type="checkbox"/> DELETE
TITLE D	NAME ANDERSON, JULIA	STREET ADDRESS RT 2 BOX 110	CITY-ST-ZIP EAST PALATKA FL 32131	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME Jane Schoenberg
1.3 STREET ADDRESS Rt 2 Box 81 (101 So GERALDO)	1.4 CITY-ST-ZIP E. Palatka Fla 32131
2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME GEORGE KOEHLER
2.3 STREET ADDRESS RT2 Box (102 Margarita)	2.4 CITY-ST-ZIP E. Palatka FL 32131
3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME GLORIA MORRIS
3.3 STREET ADDRESS RT2 Box 71 (104 Margarita)	3.4 CITY-ST-ZIP E Palatka FL. 32131
4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME TREARL GARDNER
4.3 STREET ADDRESS 103 So Geraldo Rd	4.4 CITY-ST-ZIP E. Palatka FL 32131
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME TRD DOROTHY FANNING
5.3 STREET ADDRESS 103 TRESHOT	5.4 CITY-ST-ZIP E. PALATKA FL 32131
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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 as an attachment with an address.

SIGNATURE: **Jane Schoenberg** Mar. 25, 1998 (904) 328-0329

CFR2E037 (10/97)