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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 745706

1. Corporation Name

HOME OWNERS ASSOCIATION OF PORT BUENA VISTA, INC.

Principal Place of Business

101 SOUTH GERALDO ROAD
 EAST PALATKA FL 32131
 US

Mailing Address

ROUTE 2 BOX 81
 E. PALATKA FL 32131
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 <u>120 Margarita Rd.</u>	26 <u>120 Margarita Rd.</u>	<u>01/24/1979</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	<u>59-2518205</u>
City & State	City & State	Applied For
23 <u>E. Palatka, Fl.</u>	28 <u>E. Palatka, Fl.</u>	<input type="checkbox"/> Not Applicable
Zip Country	Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 <u>32131</u> 25 <u>Putnam</u>	29 <u>32131</u> 30 <u>Putnam</u>	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Trust Fund Contribution		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCHOENBERG, JANE 101 S GERALDO ROAD PORT BUENA VISTA E. PALATKA FL 32131				81 Name	<u>ELLEN J PRICE</u>		
				82 Street Address (P.O. Box Number is Not Acceptable)	<u>120 Margarita Rd.</u>		
				83	<u>PORT BUENA VISTA</u>		
				84 City	<u>E. Palatka</u>	FL	85 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: Ellen J Price Ellen J Price 4/12/99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<u>D</u> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>SCHOENBERG, JANE</u>	1.2 NAME	<u>Ellen J Price</u>
STREET ADDRESS	<u>ROUTE 2, BOX 81 (101 SOUTH GERALDO)</u>	1.3 STREET ADDRESS	<u>120 Margarita Rd.</u>
CITY-ST-ZIP	<u>E PALATKA FL 32131</u>	1.4 CITY-ST-ZIP	<u>E. Palatka, Fl. 32131</u>
TITLE	<u>VD</u> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>KOEHLER, GEORGE</u>	2.2 NAME	<u>Hank Valiquette</u>
STREET ADDRESS	<u>ROUTE 2, BOX (102 MARGARITA)</u>	2.3 STREET ADDRESS	<u>107 Trescit Ct.</u>
CITY-ST-ZIP	<u>EAST PALATKA FL</u>	2.4 CITY-ST-ZIP	<u>E. Palatka, Fl. 32131</u>
TITLE	<u>SD</u> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>MORRIS, GLORIA</u>	3.2 NAME	<u>Dorothy Fanning</u>
STREET ADDRESS	<u>ROUTE 2, BOX 71 (104 MARGARITA)</u>	3.3 STREET ADDRESS	<u>103 Trescot Ct.</u>
CITY-ST-ZIP	<u>E. PALATKA FL 32131</u>	3.4 CITY-ST-ZIP	<u>E. Palatka, Fl. 32131</u>
TITLE	<u>TD</u> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>GARDNER, KAREL</u>	4.2 NAME	<u>Allen Himebaugh</u>
STREET ADDRESS	<u>103 SOUTH GERALDO ROAD</u>	4.3 STREET ADDRESS	<u>115 Margarita Rd.</u>
CITY-ST-ZIP	<u>E. PALATKA FL 32131</u>	4.4 CITY-ST-ZIP	<u>E. Palatka, Fl. 32131</u>
TITLE	<u>D</u> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>FANNING, DOROTHY</u>	5.2 NAME	<u>Ivy Roberts</u>
STREET ADDRESS	<u>103 TRESCOTT</u>	5.3 STREET ADDRESS	<u>113 Million St.</u>
CITY-ST-ZIP	<u>EAST PALATKA FL 32131</u>	5.4 CITY-ST-ZIP	<u>E. Palatka, Fl. 32131</u>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: ELLEN J PRICE Ellen J Price 4/12/99 (904) 325-6561
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)