


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90035 014 ****61.25

DOCUMENT # 745706 1. Entity Name HOME OWNERS ASSOCIATION OF PORT BUENA VISTA, INC.			
Principal Place of Business 120 MARGARITA RD EAST PALATKA FL 32131 US		Mailing Address 120 MARGARITA RD EAST PALATKA FL 32131 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent PRICE, ELLEN J 120 MARGARITA RD PORT BUENA VISTA E. PALATKA FL 32131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Ellen J. PRICE Ellen J. Price 2/28/07
Signature, typed or printed name of registered agent (not applicable) (NOTE: Registered Agent signature required when registering) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS; CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD PRICE, ELLEN	TITLE	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	120 MARGARITA RD	STREET ADDRESS	
CITY - ST - ZIP	E PALATKA FL 32131	CITY - ST - ZIP	
TITLE	VPD	TITLE	TD
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYNCH, LARRY	NAME	Pamela Wegienka
STREET ADDRESS	115 MARGARITA RD.	STREET ADDRESS	111 Trescot Court
CITY - ST - ZIP	E. PALATKA FL 32131	CITY - ST - ZIP	E. Palatka Fl. 32131
TITLE	TD	TITLE	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENNER, CHRISTINA	NAME	
STREET ADDRESS	101 TRECOT COURT	STREET ADDRESS	
CITY - ST - ZIP	EAST PALATKA FL 32131	CITY - ST - ZIP	
TITLE	CSD	TITLE	VPD
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, JOHN	NAME	
STREET ADDRESS	110 MARGARITA RD	STREET ADDRESS	
CITY - ST - ZIP	EAST PALATKA FL 32131	CITY - ST - ZIP	
TITLE	RSD	TITLE	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERWE, CAROLYN	NAME	
STREET ADDRESS	107 MARGARITA RD	STREET ADDRESS	
CITY - ST - ZIP	EAST PALATKA FL 32131	CITY - ST - ZIP	
TITLE		TITLE	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ellen J. Price Feb. 28, 2007 386-325-6561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #