

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 745706

1. Entity Name

HOME OWNERS ASSOCIATION OF PORT BUENA VISTA, INC.



FILED

09 JAN 23 PM 12:41

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



1st MOORE CR2E037 (10/07)

Principal Place of Business 120 MARGARITA RD EAST PALATKA FL 32131 US	Mailing Address 120 MARGARITA RD EAST PALATKA FL 32131 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
State, Apt. #, etc.	State, Apt. #, etc.	City & State	City & State
Zip	Country	Zip	Country

4. FEI Number 59-2518205	Applied Fee No: Apply
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____

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* Date Jan. 15, 2009

FILE NOW: FEE IS \$61.25
Due By May 1, 2009

9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	PRICE, ELLEN	<input type="checkbox"/> Delete	TITLE	NAME		<input type="checkbox"/> Change <input type="checkbox"/> A
NAME		120 MARGARITA RD		NAME			
STREET ADDRESS		E PALATKA FL 32131		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	TD	WEGIENKA, PAMELA	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> A
NAME		111 TRESGOT CT.		NAME			
STREET ADDRESS		E. PALATKA FL 32131		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	TD	RENNER, CHRISTINA	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> A
NAME		101 TRESGOT COURT		NAME			
STREET ADDRESS		EAST PALATKA FL 32131		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	VPD	THOMPSON, JOHN	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> A
NAME		110 MARGARITA RD		NAME			
STREET ADDRESS		EAST PALATKA FL 32131		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	RSD	SERWE, CAROLYN	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> A
NAME		107 MARGARITA RD		NAME			
STREET ADDRESS		EAST PALATKA FL 32131		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> A
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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01/23/09--01054--003 **61.25

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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 changed, or on an attachment with an address, with all other like empowered.

Ellen J. Price

386-325-6561