




2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90171 019 ****61.25

DOCUMENT # N03000001044					
1. Entity Name BUENA VIDA WEST HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4400 WEST SAMPLE ROAD STE 200 COCONUT CREEK, FL 33073-3450			Mailing Address 4400 WEST SAMPLE ROAD STE 200 COCONUT CREEK, FL 33073-3450		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03242006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 42-1589603	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MINTO COMMUNITIES, INC. ATTN: MICHAEL GREENBERG 4400 WEST SAMPLE ROAD STE 200 COCONUT CREEK, FL 33073-3450			Name Harry L. Posin		
			Street Address (P.O. Box Number is Not Acceptable) 4400 W. Sample Rd., Suite 200		
			City Coconut Creek		
			FL Zip Code 33073		
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 		Harry L. Posin		DATE 4/16/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2006		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEER, T.R.	NAME			
STREET ADDRESS	4400 WEST SAMPLE ROAD STE 200	STREET ADDRESS			
CITY-ST-ZIP	COCONUT CREEK, FL 330733450	CITY-ST-ZIP			
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEELMAN, MICHELLE	NAME			
STREET ADDRESS	4400 WEST SAMPLE ROAD STE 200	STREET ADDRESS			
CITY-ST-ZIP	COCONUT CREEK, FL 330733450	CITY-ST-ZIP			
TITLE	DST <input type="checkbox"/> Delete	TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODGERS, FRANK	NAME			
STREET ADDRESS	4400 WEST SAMPLE ROAD STE 200	STREET ADDRESS			
CITY-ST-ZIP	COCONUT CREEK, FL 330733450	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		NAME	Jack Bayer		
STREET ADDRESS		STREET ADDRESS	9592 Via Elegante		
CITY-ST-ZIP		CITY-ST-ZIP	Wellington, FL 33411		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<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 Chapter 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: 		T.R. Beer		Date 4-20-06	
Signature and typed or printed name of signing officer or director				Daytime Phone # 954-973-4490	