

Buena Vide West Homeowners Association, Inc.

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 21, 2007 8:00 am Secretary of State

05-21-2007 90062 001 ***183.75

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

66015700



2. Principal Place of Business - No P.O. Box #
1961 VIA BUENA VIDA
Suite, Apt. #, etc.
3. Mailing Address
1961 VIA BUENA VIDA
Suite, Apt. #, etc.

04132007 Chg-NP CR2E037 (12/06)

City & State
WELLINGTON, FL

4. FEI Number
42-1589603
Applied For
Not Applicable

Zip
33411
Country

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
POSIN, HARRY L
4400 WEST SAMPLE ROAD STE 200
COCONUT CREEK, FL 33073

7. Name and Address of New Registered Agent
Name LOUIS CAPLAN, C/O SACHS & SAX
Street Address (P.O. Box Number is not Acceptable)
301 YAMATO ROAD, SUITE 4150
City BOCA RATON FL Zip Code 33431

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 [Signature] Sach & Sax DATE 5/15/07

Filing Fee is \$61.25 Due by May 1, 2007

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

Make check payable to Florida Department of State

Table with 2 columns: OFFICERS AND DIRECTORS. Rows include DP BEER, T.R., DV STEELMAN, MICHELLE, ST RODGERS, FRANK, D BAYER, JACK.

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. Rows include PD RAPOZA, DAVID, VTD SCHIPANI, TOM, SD FELDMAN, BARRY.

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: [Signature] Date 5/13/07 Daytime Phone # 561791-7884