FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # N20819**

Country

1. Corporation Name LA VIDA HOMEOWNERS ASSOCIATION, INC.							
LA VIDA HOMEOWNERS ASS	OCIATION, INC.						
Principal Place of Business	Mailing Address						
C/O BOHICA PROPERTIES 3850 NW 2 AVE #2 BOCA RATON FL 33431 US	C/O BOHICA PRPOERTIES 3850 NW 2 AVE #2 BOCA RATON FL 33431 US						
2. Principal Place of Business	2a. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.						
City & State	City & State						

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90002 050 ***150.00



Applied For

\$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

Not Applicable

3. Date incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

05/26/1987

65-0018744

4.- FEI Number

9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent COLLINS, MARCIA 3850 NW2 AVE #2 BDCA RATON FL 33431 17. Pursuant to the provisions of Sections 617,0502 and 617,1506, Florida Statutes, the above-named composition submits this statement for the purpose of changing lis registered for registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing lis registered agent, and accept the obligations of, Section 617,003, Floridas Statutes, the above-named composition submits this statement for the purpose of changing lis registered agent, and accept the obligations of, Section 617,003, Floridas Statutes, the above-named composition submits this statement for the purpose of changing lis registered depends on registered agent, and accept the obligations of, Section 617,003, Floridas Statutes, the above-named composition submits this statement for the purpose of changing lis registered agent, and accept the obligations of, Section 617,003, Floridas Statutes, the above-named composition submits this statement for the purpose of changing lis registered agent, and accept the obligations of, Section 617,003, Floridas Statutes, the above-named composition submits this statement for the purpose of changing lis registered agent, and the purpose of changing list	Zip	Country		30	ล		Trust Fund Contribution Added to Fees			
OLLINS, MARCIA 3850 NW 2 AVE #2 BOCA RATON FL 33431 17. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes. 18. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Not Acceptable) 19. Street Address (P.O. Box Number is Number	1	25	29	30	<u>"</u>		10. Name and Address of New Registered Agent			
COLLINS, MARCIA 3850 NW 2 AVE #2 BOCA RATON FL 33431 B4		9. Name and Address of Current	Registered Agent		81	Name				
### REPUBLIES AND FL 33431 ### City					.					
83 B4 City FL as Zip Code		MAROLA			82	Street A	Address (P.O. Box Number is N	lot Acceptable)		
BOCA RATON FL 33431 B4 City FL 85 Zip Code						<u> </u>				
Fursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statument for the purpose of changing its 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, and accept the obligations of, Section 617,0503, Florida Statutes. Signature Signat					83	·				_
17. Pursuant to the provisions of Sections 617.0502 and 617.0502 and 617.1508. Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered gent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered gent, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE PD	BOCA RAT	ON FL 33431			-	<u> </u>			85 Zip Co	de
Agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGN					1				ll	
Agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGN						n named (corporation submits this statem	ent for the purpose of ch	anging its re	gistered
Agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGN	11: Pursuant t	o the provisions of Sections 617.0502	and 617.1508, Flor	rida Statutes, t	ne abov rized by	the corpo	oration's board of directors. I he	ereby accept the appoint	nent as regis	tereori
SIGNATURE Signature Signa	office or re	egistered agent, or both, in the State of	ons of, Section 617	.0503, Florida	Statutes	S.	11 > 1 1 1 1 1	gara i shi sa ƙasar ƙasar Mari i	1.3 4 - 18 - 41	
SIGNATURE Signature, typed or protect name of regulational agent and size it supplicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD FITZGERALD, ROBERT STREET ADDRESS 6192 LA VIDA TERRACE CITY-ST-ZP BOCA RATON FL DELETE 1.1 TITLE SD REMSKY, WILLIAM STREET ADDRESS 23299 LA VIDA WAY CITY-ST-ZP BOCA RATON FL DELETE 1.2 NAME 2.2 NAME 2.2 STREET ADDRESS 2.2 NAME 3.3 STREET ADDRESS 2.2 NAME 3.3 STREET ADDRESS 2.2 NAME 3.3 STREET ADDRESS 2.3 NAME 3.3 STREET ADDRESS 2.3 NAME 3.3 STREET ADDRESS 3.4 NIDA 4.4 CITY-ST-ZP BOCA RATON FL DELETE TITLE VD NAME CAVENAS, GEORGE 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.4 VIDA 4.4 CITY-ST-ZP BOCA RATON FL DELETE 4.1 TITLE VD NAME CAVENAS, GEORGE 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.4 VIDA 4.4 CITY-ST-ZP BOCA RATON FL DELETE 5.1 TITLE TITLE TITLE TITLE DO NAME CAVENAS, GEORGE 3.3 STREET ADDRESS 3.4 CITY-ST-ZP BOCA RATON FL DELETE 5.1 TITLE TIT	∴ agent. I ar	n tarmilar willi, and accept the conguing								
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STREET ADDRESS 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 119.07(3)(i), Florida Statutes. I further certify that the information of the composition of the same legal effect as if made under oath; that I am an 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 indicated on this annual report or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in 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 Officer or director of the corporation or the receiver or trustee empowered. Sto (-750)	NAME	1000 4 10 0			6.3 STF	REET ADDRES	s		-	
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 114. 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 114. 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 supplied with the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with the information indicated on this annual report or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in 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 officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes.	STREET ADDRESS	s(``						·		
14. I hereby certify that the information supplied with this filing does not quality to the experience of the property of the control of the	CITY-ST-ZIP	·		at qualify for t	he even	notion stat	ed in Section 119.07(3)(i), Flor	ida Statutes. I further ce	tify that the i	nformation
indicated on this annual report of supering that indicated on this annual report of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and statutes, and officer or director of the corporation or the receiver or trustee empowered. Sto 1 – 750 – Block 12 or Block 13 if chapted, or or ap attact; ment with an address with all other like empowered.	14. hereby	certify that the information supplied w	ith this hing does r I appual report is ti	not quality for the	te and	that my sig	gnature shall have the same le	gal effect as if made und	er oaut; inat ny name add	ears in
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Country