

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90086 035 ****61.25

DOCUMENT # N20819 1. Entity Name LA VIDA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1750 UNIVERSITY DR #205 CORAL SPRINGS, FL 33071 US			Mailing Address 1750 UNIVERSITY DR #205 CORAL SPRINGS, FL 33071 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
			01302005 Chg-NP CR2E037 (10/03)		
			4. FEI Number 65-0018744		Applied For <input type="checkbox"/> Not Applicable
			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SWIFT MANAGEMENT SOLUTIONS INC 1750 UNIVERSITY DR #205 CORAL SPRINGS, FL 33071			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	SD WINTER, TOM 6167 LAVODA TERR BOCA RATON, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOLT Dotty <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 23354 LA VIDA WAY BOCA RATON FL 33432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RUBIN, DAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6184 LA VIDA TERR BOCA RATON FL 33432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HYMAN, JOHN <input type="checkbox"/> Change <input type="checkbox"/> Addition 23363 LA VIDA WAY BOCA RATON FL 33432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fitzgerald Bob <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6192 LA VIDA TERR BOCA RATON FL 33432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Teixeira, Carl <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 23283 LA VIDA WAY BOCA RATON FL 33432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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: <u>Dotty Molt</u> <u>Dotty Molt</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>1/31/05</u> Daytime Phone #: <u>9543416340</u>		