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2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **N20819** 03 JAN 21 AM 10: 45 1. Entity Name LA VIDA HOMEOWNERS ASSOCIATION, INC. SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address C/O BOHICA PROPERTIES PO BOX 936544 3111 N UNIVERSITY OR #725 MARGATE FL 33093 CORAL SPRINGS FL 33065 3. Mailing Address Swift Management & Solutions 2. Principal Place of Business Swift Management & Solutions Suite, Apr 1750 University Dr. #205 Suite, Apt. 4. 1750 University Dr. #205 ☐ CHECK HERE IF MAKING CHANGES Coral Springs, FL 33071 City & Stat Coral Springs, FL 33071 4. FEI Number 65-0018744 Applied For Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SWIFT MANAGEMENT SOLUTIONS INC Street Addres Saffe Management & Solutions C/O BOHICA PROPERTIES 1750 University Dr. #205 3111 N UNIVERSITY DR #725 Coral Springs, FL 33071 **CORAL SPRINGS FL 33065** City 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 ed agent and title if applicable Registered Agent signature required when reinstating) Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: FEE IS \$61,25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete TITLE ☐ Addition TITLE FITZGERALD, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 6192 LA VIDA TERRACE 400010384014 CITY-ST-ZIP CITY-ST-ZIF **BOCA RATON FL** 01/21/03--01034--001 TITLE □ Delete TITLE WINTER, TOM NAME NAME STREET ADDRESS STREET ADDRESS 6167 LAVODA TERR CITY-ST-ZIP CITY-ST-ZIF BOCA RATON FL-TITLE ☐ Delete TITLE Change ☐ Addition NAME KATZ, ARNIE NAME STREET ADDRESS STREET ADDRESS 23314 LA VIDA WAY CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** TD ☐ Delete Change ☐ Addition TITLE TITLE CAVENAS, GEORGE NAME NAME STREET ADDRESS 23363 LAVIDA WAY STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 district 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.