## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30814

Apr 19, 2004 Secretary of State

Entity Name: BUENAVENTURA LAKES SILVER PARK VILLAS I HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:** New Principal Place of Business:

2180 W. STATE RD. 434, STE. 5000 2180 WEST SR 434 LONGWOOD, FL 32779

SUITE 5000

LONGWOOD, FL 32779 US

**Current Mailing Address:** New Mailing Address:

2180 W. STATE RD. 434, STE. 5000 2180 WEST SR 434

LONGWOOD, FL 32779 SUITE 5000

LONGWOOD, FL 32779 US

FEI Number: 59-2997824 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HART, JAMES W., JR. HART, JAMES W JR 2180 WEST SR 434 2180 W. STATE RD. 434, SUITE 5000

LONGWOOD, FL 32779 SUITE 5000

LONGWOOD, FL 32779

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.

SIGNATURE: JAMES W HART JR 04/19/2004

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

STD () Delete (X) Change ( ) Addition

KATHLEEN PRISCO, MARTINEZ, LUIS Name: Name: 52 SILVER OAK CIR Address: 57 SILVER PARK CIR Address: City-St-Zip: KISSIMMEE, FL 34743 City-St-Zip: KISSIMMEE, FL 34743

Title: PD () Delete Title: () Change () Addition

Name: SWINSON, FRANCES Name: Address: 51 SILVER PARK CIRCLE Address: City-St-Zip: KISSIMMEE, FL 34743 City-St-Zip:

Title: VD () Delete Title: () Change () Addition

WALKER, JOSEPH Name: Name: 17 SILVER FALLS CIRCLE Address: Address: City-St-Zip: KISSIMMEE, FL 34743 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCES SWINSON PD 04/19/2004