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**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90090 008 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N42502**

1. Corporation Name

**BUENA VISTA ACADEMY, INC.**

Principal Place of Business

10601 PARK RIDGE-GOTHA RD  
 WINDERMERE FL 34786  
 US

Mailing Address

10601 PARK RIDGE GOTHA RD  
 WINDERMERE FL 34786  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/14/1991

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3051351

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☒

**\$8.75** Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00** May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BULLOCK, JAY**  
**1375 BUENA VISTA DRIVE, 4N**  
**LAKE BUENA VISTA FL 32830**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☒ DELETE  
 NAME STREIT, DAVID M  
 STREET ADDRESS 9114 GALLEON DR  
 CITY-ST-ZIP ORLANDO FL

1.1 TITLE DP ☐ Change ☒ Addition  
 1.2 NAME Valerie oberle  
 1.3 STREET ADDRESS 13038 Waterpoint Blvd.  
 1.4 CITY-ST-ZIP Windermere, FL 34786

TITLE DV ☒ DELETE  
 NAME HEAD, PIPER S.  
 STREET ADDRESS 3726 LAKE BUYNAC ROAD  
 CITY-ST-ZIP WINDERMERE FL

2.1 TITLE DS ☐ Change ☒ Addition  
 2.2 NAME Amy Westwood  
 2.3 STREET ADDRESS 13349 Lake Butler Blvd  
 2.4 CITY-ST-ZIP Winter Garden, FL 34787

TITLE DP ☐ DELETE  
 NAME MURPHY JR, JOHN  
 STREET ADDRESS 1741 WOODY DR  
 CITY-ST-ZIP WINDERMERE FL

3.1 TITLE D ☒ Change ☐ Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE DV ☐ DELETE  
 NAME STAFFORD, REBECCA  
 STREET ADDRESS 1355 KELSO BLVD  
 CITY-ST-ZIP ORLANDO FL

4.1 TITLE ☐ Change ☐ Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
 NAME STREIT, DAVID M  
 STREET ADDRESS 9114 GALLEON DR  
 CITY-ST-ZIP ORLANDO FL

5.1 TITLE DT ☒ Change ☐ Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE DS ☒ DELETE  
 NAME OBERLE, VALERIE  
 STREET ADDRESS 10808 BAY SHORE DR  
 CITY-ST-ZIP WINDERMERE FL

6.1 TITLE D ☐ Change ☒ Addition  
 6.2 NAME Harrison Sterne  
 6.3 STREET ADDRESS 7981 St. Andrews Cr  
 6.4 CITY-ST-ZIP Orlando, FL 32835

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 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)