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Mar 10 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N51059 (6)

1. Corporation Name

THE HOMEOWNERS ASSOCIATION OF LA BUONA VITA MOBILE HOME PARK, INCORPORATED



Principal Place of Business

Mailing Address

520 BARB LANE  
PORT ST LUCIE FL 34952  
US

520 BARB LANE  
PORT ST LUCIE FL 34952-7939  
US

3. Date Incorporated or Qualified  
09/23/1992

3a. Date of Last Report  
03/25/1996

2. Principal Place of Business

2a. Mailing Address

21 490 ANN MARIE CIRCLE

26 490 ANN MARIE CIRCLE

4. FEI Number  
65-0354014

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 PORT ST. LUCIE, FLA.

28 PORT ST. LUCIE, FLA.

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 34952

25 ST. LUCIE

29 34952

30 ST. LUCIE

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STUTZMAN, MARIE B.  
520 BARB ANN LANE  
PORT ST LUCIE FL 34952

81 Name

PULEO, CHRIS

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

490 ANN MARIE CIRCLE

83

84 City

PORT ST. LUCIE

FL

85 Zip Code  
34952

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 CHRIS PULEO, SECRETARY

(NOTE: Registered Agent signature required when reinstating)

DATE

*Chris Puleo*

1/10/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME GAITO, CHARLES  
STREET ADDRESS 570 LAHUONA VITA DR  
CITY-ST-ZIP PT. ST. LUCIE FL

1.1 TITLE PD DALEY, THOMAS J.  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS 8618 FLORENCE DRIVE  
1.4 CITY-ST-ZIP PORT, ST. LUCIE, FL. 34952

TITLE VD  DELETE  
NAME DALEY, THOMAS J.  
STREET ADDRESS 8618 FLORENCE DRIVE  
CITY-ST-ZIP PT. ST. LUCIE FL

2.1 TITLE VD  Change  Addition  
2.2 NAME SPINNEY, PAUL N.  
2.3 STREET ADDRESS 441 LA BUONA VITA DRIVE  
2.4 CITY-ST-ZIP PORT ST. LUCIE, FL. 34952

TITLE SD  DELETE  
NAME STUTZMAN, MARIE B.  
STREET ADDRESS 520 BARB ANN LANE  
CITY-ST-ZIP PT. ST. LUCIE FL

3.1 TITLE SD  Change  Addition  
3.2 NAME PULEO, CHRIS  
3.3 STREET ADDRESS 490 ANN MARIE CIRCLE  
3.4 CITY-ST-ZIP PORT ST. LUCIE, FL. 34952

TITLE TD  DELETE  
NAME MULLINS, CATHY  
STREET ADDRESS 440 NATALIE DR.  
CITY-ST-ZIP PT. ST. LUCIE FL

4.1 TITLE TD  Change  Addition  
4.2 NAME MULLINS, ROBERT C.  
4.3 STREET ADDRESS 440 NATALIE DRIVE  
4.4 CITY-ST-ZIP PORT ST. LUCIE, FL. 34952

TITLE D  DELETE  
NAME PULEO, CHRIS  
STREET ADDRESS 490 ANN MARIE CIR  
CITY-ST-ZIP PT. ST. LUCIE FL

5.1 TITLE D  Change  Addition  
5.2 NAME La LOUGEUR, LES  
5.3 STREET ADDRESS 471 ANN MARIE CIRCLE  
5.4 CITY-ST-ZIP PORT ST. LUCIE, FL. 34952

TITLE D  DELETE  
NAME FERLAND, ROBIN ROLAND  
STREET ADDRESS 8572 FLORENCE DRIVE  
CITY-ST-ZIP PORT ST LUCIE FL

6.1 TITLE D  Change  Addition  
6.2 NAME BISOGNO, DAN  
6.3 STREET ADDRESS 8521 FLORENCE DRIVE  
6.4 CITY-ST-ZIP PORT ST. LUCIE, FL. 34952

14. I do 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.

SIGNATURE: SIGNATURE REQUIRED *Chris Puleo* 1/10/97 - 561-340-0218

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0071017

CR2E037 (9/96)