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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N51059**

1. Corporation Name

**THE HOMEOWNERS ASSOCIATION OF LA BUONA VITA MOBI  
 LE HOME PARK, INCORPORATED**

Principal Place of Business

Mailing Address

490 ANN MARIE CIR.  
 PORT ST LUCIE FL 34952  
 US

490 ANN MARIE CIR.  
 PORT ST LUCIE FL 34952  
 US



2. Principal Place of Business

2a. Mailing Address

21 8568 FLORENCE DR

2a 8568 FLORENCE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P

27

City & State

City & State

23 PORT ST. LUCIE, FL

28 PORT ST. LUCIE, FL

Zip Country

Zip Country

24 34952 25 ST. LUCIE

29 34952 30 ST. LUCIE

3. Date Incorporated or Qualified

09/23/1992

4. FEI Number

65-0354014

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing  
 Trust Fund Contribution

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

9. Name and Address of Current Registered Agent

PUELO, CHRIS  
 490 ANN MARIE CIR.  
 PORT ST LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name

MAYHOOD RUTH G

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

8568 FLORENCE DR

83

84 City

PORT ST. LUCIE

85 State

FL

86 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 RUTH G. MAYHOOD

*Ruth G. Mayhood*

3/24/99

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  DELETE  
 NAME PD  
 DALEY, THOMAS J.  
 STREET ADDRESS 8618 FLORENCE DR.  
 CITY-ST-ZIP PT. ST. LUCIE FL

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME VD  
 SPINNEY, PAUL N.  
 STREET ADDRESS 441 LABUONA VITA DRIVE  
 CITY-ST-ZIP PT. ST. LUCIE FL

2.1 TITLE  Change  Addition  
 2.2 NAME LA-DOUCEUR, LES  
 2.3 STREET ADDRESS 471 ANN MARIE CIR  
 2.4 CITY-ST-ZIP PT. ST. LUCIE, FL

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

3.1 TITLE  Change  Addition  
 3.2 NAME SD  
 3.3 STREET ADDRESS RUTH G. MAYHOOD  
 3.4 CITY-ST-ZIP 8568 FLORENCE DR,  
 PT. ST. LUCIE, FL

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

4.1 TITLE  Change  Addition  
 4.2 NAME D  
 4.3 STREET ADDRESS MULLINS, ROBERT C.  
 4.4 CITY-ST-ZIP 440 NATALIE DR  
 PT ST LUCIE, FL

TITLE  DELETE  
 NAME D  
 LA DOUCEUR, LES  
 STREET ADDRESS 471 ANN MARIE CIR.  
 CITY-ST-ZIP PT. ST. LUCIE FL

5.1 TITLE  Change  Addition  
 5.2 NAME TD  
 5.3 STREET ADDRESS DIZDUL, FLORENCE  
 5.4 CITY-ST-ZIP 8611 MARY ANN LANE  
 PT ST LUCIE, FL

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

6.1 TITLE  Change  Addition  
 6.2 NAME D  
 6.3 STREET ADDRESS SOVEL, JAMES  
 6.4 CITY-ST-ZIP 8490 FLORENCE DR  
 PT ST. LUCIE, FL

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**

*Ruth G. Mayhood 3/24/99*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-878-6676

CR2E037 (11/98)