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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 4:16

DOCUMENT # 748026 (2)

1. Corporation Name
BUENAVISTA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2175 N.E. 56 ST. #114 FT. LAUDERDALE FL 33307-4756	P.O. BOX 24756 FT. LAUDERDALE FL 33307-4756

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/10/1979
3a. Date of Last Report: 11/10/1994
4. FEI Number: 65-0071180 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

GELFAND, MICHAEL J ESQ.
% GELFAND & ARPE, P.A.
250 AUSTRALIAN AVE. S., SUITE 1010
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	WESTON, STEVEN	1.2 NAME	MAL BRITCHKY
STREET ADDRESS	6118 VISTA LINDA LANE	1.3 STREET ADDRESS	6046 VISTA LINDA LANE
CITY-ST-ZIP	BOCA RATON FL 33433	1.4 CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	VD	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	TALBOTT, TED	2.2 NAME	HARRY BECKER
STREET ADDRESS	6009 BUENA VISTA CT.	2.3 STREET ADDRESS	6095 VISTA LINDA LANE
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	D	3.1 TITLE	S/T/D ☒ Change ☐ Addition
NAME	UNGER, STEPHEN	3.2 NAME	CAROL SILVERMAN
STREET ADDRESS	6178 VISTA LINDA LANE	3.3 STREET ADDRESS	6148 VISTA LINDA LANE
CITY-ST-ZIP	BOCA RATON FL 33433	3.4 CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE		4.1 TITLE	D ☒ Change ☐ Addition
NAME		4.2 NAME	GARY HENICK
STREET ADDRESS		4.3 STREET ADDRESS	5962 BUENA VISTA COURT
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE		5.1 TITLE	D ☒ Change ☐ Addition
NAME		5.2 NAME	BERNARD KIRSNER
STREET ADDRESS		5.3 STREET ADDRESS	6196 VISTA LINDA LANE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE		6.1 TITLE	D ☒ Change ☐ Addition
NAME		6.2 NAME	JOHN BOLLES
STREET ADDRESS		6.3 STREET ADDRESS	5989 BUENA VISTA COURT
CITY-ST-ZIP		6.4 CITY-ST-ZIP	BOCA RATON FL 33433

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Mal Britchky / MAL Britchky, Pres. / 1-17-95 / 407-393-6301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0015810