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NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90279 015 ****61.25

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Corporation Name

Buena Vista Homeowners Assoc.

Principal Place of Business / Mailing Address

Community Association Svcs., Inc.
Ste. 250
951 Broken Sound Pky. NW
Boca Raton, FL 33487-3531

Principal Place of Business	2a. Mailing Address
26	
Community Association Svcs., Inc. Ste. 250 951 Broken Sound Pky. NW Boca Raton, FL 33487-3531	Suite, Apt. #, etc.
27	City & State
Zip / Country: 25	Zip / Country: 29 / 30

3. Date Incorporated or Qualified: 7-10-79

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

9. Name and Address of Current Registered Agent

Community Association Svcs., Inc.
Ste. 250
951 Broken Sound Pky. NW
Boca Raton, FL 33487-3531

10. Name and Address of New Registered Agent

81 Name: Joel Messinger
82 Street Address (P.O. Box Number is Not Acceptable): C/O C.A.S.
83 951 Broken Sound PKWY. #250
84 City: Boca Raton FL 85 Zip Code: 33461

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] 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	
	☒ DELETE		☐ Change ☒ Addition
TITLE	PD	1.1 TITLE	PD
NAME	Britchky, Mal	1.2 NAME	James Barrett
STREET ADDRESS	6046 Vista Linda Ln	1.3 STREET ADDRESS	5979 Buena Vista Ct
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Boca Raton, FL 33433
	☒ DELETE		☐ Change ☒ Addition
TITLE	D	2.1 TITLE	VP/TD
NAME	Talbot, Ted	2.2 NAME	Suzanne Spano
STREET ADDRESS	6009 Buena Vista Ct	2.3 STREET ADDRESS	6058 Vista Linda Ln
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Boca Raton, FL 33433
	☒ DELETE		☐ Change ☒ Addition
TITLE	SD	3.1 TITLE	SD
NAME	Friend, Gayle	3.2 NAME	JoAnn Gross
STREET ADDRESS	6112 Vista Linda Ln	3.3 STREET ADDRESS	6135 Vista Linda Ln
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Boca Raton, FL 33433
	☐ DELETE		☐ Change ☒ Addition
TITLE		4.1 TITLE	D
NAME		4.2 NAME	FRANK Puc
STREET ADDRESS		4.3 STREET ADDRESS	6005 Buena Vista Ct.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Boca Raton, FL
	☐ DELETE		☐ Change ☐ Addition
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
	☐ DELETE		☐ Change ☐ Addition
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: J. Barrett Jim Barrett 4-27-99 (561)394-2128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #