

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704192

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: BUENA VISTA CIVIC COUNSEL, INC.

## Current Principal Place of Business:

4212 BUENA VISTA LANE  
HOLIDAY, FL 34691 US

## New Principal Place of Business:

## Current Mailing Address:

1749 HOYLE DR  
HOLIDAY, FL 34691 US

## New Mailing Address:

FEI Number: 59-2406433      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHERMAN, JANET L  
5139 TROUBLE CREEK RD.  
NEW PORT RICHEY, FL 34652 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BERRY, JIM  
Address: 1853 PLEASURE DR  
City-St-Zip: HOLIDAY, FL 34691

Title: VP ( ) Delete  
Name: FRANTZ, RODERICK  
Address: 1847 SHADY COVE DR  
City-St-Zip: HOLIDAY, FL 34691

Title: T ( ) Delete  
Name: SONNENBERG, ROBERT  
Address: 1748 SPECK DR  
City-St-Zip: HOLIDAY, FL 34691

Title: T ( ) Delete  
Name: ACHAMBAULT, WILLIAM  
Address: 1852 SHADY COVE  
City-St-Zip: HOLIDAY, FL 34691

Title: T ( ) Delete  
Name: SWARTHOUTS, LARRY  
Address: 1810 PLEASURE DR  
City-St-Zip: HOLIDAY, FL 34691

Title: S ( ) Delete  
Name: LOCHEE, SHELLY  
Address: 1815 S PEEK  
City-St-Zip: HOLIDAY, FL 34691

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HINER, SHIRLEY  
Address: 1749 HOYLE DR.  
City-St-Zip: HOLIDAY, FL 34691

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: PEARSON, JAMES  
Address: 1814 HOYLE DR  
City-St-Zip: HOLIDAY, FL 34691

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: PEARSON, PATRICIA  
Address: 1814 HOYLE DR  
City-St-Zip: HOLIDAY, FL 34691

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY HINER

P

01/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date