2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2012
Secretary of State

DOCUMENT# 704192

Entity Name: BUENA VISTA CIVIC COUNCIL INC

Current Principal Place of Business:

4212 BUENA VISTA LANE
HOLIDAY, FL 34691 US

New Principal Place of Business:

Current Mailing Address:

4212 BUENA VISTA LANE
HOLIDAY, FL 34691 US

New Mailing Address:

FEI Number: 59-1164504 **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: PRES
Name: HAVEN, SHIRLEY
Address: 4212 BUENA VISTA LANE
City-St-Zip: HOLIDAY, FL 34691

Title: VP
Name: GUAY, JACQUELINE
Address: 4212 BUENA VISTA LANE
City-St-Zip: HOLIDAY, FL 34691

Title: TREA
Name: HAVEN, NANCY
Address: 4212 BUENA VISTA LANE
City-St-Zip: HOLIDAY, FL 34691

Title: SEC
Name: TRAVIS, SHARON
Address: 4212 BUENA VISTA LANE
City-St-Zip: HOLIDAY, FL 34691

Title: D
Name: MONDS, FRAN
Address: 4212 BUENA VISTA LANE
City-St-Zip: HOLIDAY, FL 34691

Title: D
Name: KUBACKI, MARY
Address: 4212 BUENA VISTA LANE
City-St-Zip: HOLIDAY, FL 34691

I hereby 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 all other like empowered.

SIGNATURE: NANCY HAVEN T 04/24/2012

Electronic Signature of Signing Officer or Director Date