2005 ~~NOT-FOR-PROFIT~~ CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90269 040 ****61.25

DOCUMENT # 722891

1. Entity Name

NORTH BUENA VISTA CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2039 ORANGE DRIVE HOLIDAY FL 34691	2039 ORANGE DRIVE HOLIDAY FL 34691

1st MOORE CR2E037 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2877631 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, STACY
2031 HOYLE DR.
HOLIDAY FL 34691

HILDA KOIK
2045 LULLABY DR,
HOLIDAY, FL 34691

7. Name and Address of New Registered Agent

Name: HILDA KOIK TREASURER

Street Address (P.O. Box Number is Not Acceptable): 2045 LULLABY DR

City: HOLIDAY FL Zip Code: 34691

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Hilda Koik 4/12/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES-TO-OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SMITH, ANN 2014 LULLABY DR HOLIDAY FL 34691	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT DELORES K 2051 LULLABY DR HOLIDAY, FL 34691	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RUTHERFORD, DONALD 2106 KEPNER DR HOLIDAY FL 34691	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STAN STREIT V.P. 2156 KEPNER DR. HOLIDAY FL 34691	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DAVIS, STACY 2031 HOYLE DR. HOLIDAY FL 34691	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY CAROL BEAVERS 2021 SPECK DR, HOLIDAY FL 34691	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BUAGNRS, CAROL 2021 SPECK DR HOLIDAY FL 34691	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER HILDA KOIK 2045 LULLABY DR HOLIDAY FL 34691	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCLOUTH, LYMAN 2050 ORANGE DR HOLIDAY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BILL DESMOND 2037 KEPNER DR HOLIDAY FL 34691	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMPBELL, ROSE 2101 KEPNER DR HOLIDAY FL 34691	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARY JANE PARRS 2110 ORANGE DR HOLIDAY FL 34691	☑ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Hilda Koik Treasurer 4/12/05 727-492-4805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

OR HILDA. KOIK