

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90406 027 \*\*\*\*61.25

**DOCUMENT # 722891**

1. Entity Name  
NORTH BUENA VISTA CIVIC ASSOCIATION, INC.



Principal Place of Business  
2039 ORANGE DRIVE  
HOLIDAY, FL 34691

Mailing Address  
2039 ORANGE DRIVE  
HOLIDAY, FL 34691

50000550



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052006

Chg-NP

CR2E037 (11/05)

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

7. Name and Address of New Registered Agent

KOLK, KILDA, TREAS.  
2045 LULLABY DR  
HOLIDAY, FL 34691

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Kilda Kolk*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2006

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  
P  
DELORES, K  
STREET ADDRESS  
2051 LULLABY DR  
CITY-ST-ZIP  
HOLIDAY, FL 34691 ☒ Delete

TITLE  
NAME  
Delores Kietzer ☒ Change ☐ Addition  
STREET ADDRESS  
2051 Lullaby Dr  
CITY-ST-ZIP  
Holiday FL 34691

TITLE  
NAME  
V  
STREIT, STAN ☐ Delete  
STREET ADDRESS  
2156 KEPNER DR  
CITY-ST-ZIP  
HOLIDAY, FL 34691

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
T  
BEAVERS, CAROL ☒ Delete  
STREET ADDRESS  
2021 SPECK DR  
CITY-ST-ZIP  
HOLIDAY, FL 34691

TITLE  
NAME  
Hilda Kolk ☒ Change ☐ Addition  
STREET ADDRESS  
2045 Lullaby Dr  
CITY-ST-ZIP  
Holiday FL 34691

TITLE  
NAME  
S  
KLOK, HILDA ☒ Delete  
STREET ADDRESS  
2045 LULLABY DR  
CITY-ST-ZIP  
HOLIDAY, FL 34691

TITLE  
NAME  
CAROL BEAVERS ☒ Change ☐ Addition  
STREET ADDRESS  
2021 Speck Dr  
CITY-ST-ZIP  
Holiday FL 34691

TITLE  
NAME  
D  
DESMOND, BILL ☒ Delete  
STREET ADDRESS  
2037 KEPNER DR  
CITY-ST-ZIP  
HOLIDAY, FL 34691

TITLE  
NAME  
Francis Gray Sr. ☒ Change ☐ Addition  
STREET ADDRESS  
4043 Reggie Dr  
CITY-ST-ZIP  
Holiday FL 34691

TITLE  
NAME  
D  
PARKS, MARY JANE ☐ Delete  
STREET ADDRESS  
2110 ORANGE DR  
CITY-ST-ZIP  
HOLIDAY, FL 34691

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Kilda Kolk*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/06

Date

Daytime Phone #