2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# 722891

Entity Name: NORTH BUENA VISTA CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

2039 ORANGE DRIVE
HOLIDAY, FL 34691

New Principal Place of Business:

Current Mailing Address:

2039 ORANGE DRIVE
HOLIDAY, FL 34691

New Mailing Address:

FEI Number: 59-2877631 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEAVERS, CAROL
2021 SPECK DR
HOLIDAY, FL 34691 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:	KIETZER, DELORES	
Address:	2051 LULLABY DR	
City-St-Zip:	HOLIDAY, FL 34691	
Title:	V	( ) Delete
Name:	BECKER, HAROLD	
Address:	2142 LULLABY DR	
City-St-Zip:	HOLIDAY, FL 34691	
Title:	T	( ) Delete
Name:	BRUSTOLON, DONNA	
Address:	2008 ORANGE DR	
City-St-Zip:	HOLIDAY, FL 34691	
Title:	S	( ) Delete
Name:	BEAVERS, CAROL	
Address:	2021 SPECK DR	
City-St-Zip:	HOLIDAY, FL 34691	
Title:	D	( ) Delete
Name:	ROBINSON, SHIRLEY	
Address:	2005 MELDOY DR.	
City-St-Zip:	HOLIDAY, FL 34691	
Title:	D	( ) Delete
Name:	PARKS, MARY JANE	
Address:	2110 ORANGE DR	
City-St-Zip:	HOLIDAY, FL 34691	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	V	(X) Change ( ) Addition
Name:	PARRISH, HAROLD	
Address:	2015 LULLABY DR	
City-St-Zip:	HOLIDAY, FL 34691	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: CAROL BEAVERS S 03/22/2009
Electronic Signature of Signing Officer or Director — Date