

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90020 023 ****61.25

DOCUMENT # 723424

1. Entity Name
BUENA VISTA ASSOCIATION, INC.



Principal Place of Business
**3620 OCEAN BEACH BLVD
COCOA BEACH, FL 32931**

Mailing Address
**C/O R.D.I
109 LONG POINT DR.
CAPE CANAVERAL, FL 32920**

40009754



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-1513024

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**DUGAN, MICHELLE
RECONCILABLE DIFFERENCES, INC.
109 LONG POINT RD
CAPE CANAVERAL, FL 32920**

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

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 PD
NAME BLYTH, RICHARD ☐ Delete
STREET ADDRESS 3620 OCEAN BEACH BLVD #36
CITY-ST-ZIP COCOA BEACH, FL 32931

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

TITLE VPD
NAME LANDRUN, CARL ☒ Delete
STREET ADDRESS 3620 OCEAN BCH BLVD #2
CITY-ST-ZIP COCOA BEACH, FL 32931

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

TITLE ~~SD~~ SD
NAME JOHN, JOYCE ☐ Delete
STREET ADDRESS 3620 N. ATLANTIC AVE 10
CITY-ST-ZIP COCOA BEACH, FL 32931

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

TITLE D
NAME PEJIC, BRANKO ☒ Delete
STREET ADDRESS 3620 OCEAN BEACH BLVD #10
CITY-ST-ZIP COCOA, FL 32927

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

TITLE TD
NAME STEVENS, RITA ☐ Delete
STREET ADDRESS 3620 OCEAN BEACH BLVD #6
CITY-ST-ZIP COCOA BEACH, FL 32931

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

TITLE SD
NAME STEVENS, DIANE ☒ Delete
STREET ADDRESS 3620 OCEAN BEACH BLVD #42
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE ☐ Change ☐ Addition
NAME
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:

Michelle Dugan, manager

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/06

Date

321-799-0660

Daytime Phone #