

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723424

FILED
Feb 16, 2012
Secretary of State

Entity Name: BUENA VISTA ASSOCIATION, INC.

Current Principal Place of Business:

3620 OCEAN BEACH BLVD
COCOA BEACH, FL 32931

New Principal Place of Business:

Current Mailing Address:

C/O RECONCILABLE DIFFERENCES, INC.
109 LONG POINT ROAD
CAPE CANAVERAL, FL 32920

New Mailing Address:

C/O DRAGON PROPERTY MGMT LLC.
PO BOX 542876
MERRITT ISLAND, FL 32954

FEI Number: 59-1513024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WATTS, KATHY
325 3RD STREET
MERRITT ISLAND, FL 32953 US

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: KATHY WATTS

02/16/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD
Name: BERGER, ART
Address: 627 ADAMS AVENUE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: PD
Name: PEJIC, VIKTOR
Address: 598 CELTIC DRIVE NE
City-St-Zip: PALM BAY, FL 32907

Title: D
Name: STEVENS, RITA
Address: 3620 OCEAN BEACH BLVD #6
City-St-Zip: COCOA BEACH, FL 32931

Title: STD
Name: PETERSON, CINDY
Address: 315 BRIGHTWATERS DRIVE
City-St-Zip: COCOA BEACH, FL 32931

Title: D
Name: PEJIC, VALERIA
Address: 4620 FAY BLVD
City-St-Zip: COCOA, FL 32927

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: KATHY WATTS

MGR

02/16/2012

Electronic Signature of Signing Officer or Director

Date