

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90049 008 \*\*\*\*61.25

**DOCUMENT # 730267**

1. Entity Name

BUENA VISTA MANOR CIVIC ASSOCIATION, INC.



Principal Place of Business

5112 ROSADA AVE  
HOLIDAY FL 34690  
US

Mailing Address

5112 ROSADA AVE  
HOLIDAY FL 34690  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1751385

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PETERSON, ANDRIA S  
5133 ROSADA AVE  
HOLIDAY FL 34690

7. Name and Address of New Registered Agent

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

*Andria S. Peterson*

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

(NOTE: Registered Agent signature required when reissuing)

DATE

2-8-06

**FILE NOW: 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

TITLE S ☒ Delete  
NAME NASH, CAROLE  
STREET ADDRESS 2400 LEMUR DRIVE  
CITY-ST-ZIP HOLIDAY FL 34690

TITLE P ☐ Delete  
NAME PETERSON, ANDRIA SUE  
STREET ADDRESS 5133 ROSADA AVE  
CITY-ST-ZIP HOLIDAY FL 34690

TITLE T ☒ Delete  
NAME VAUGHN, GEORGE  
STREET ADDRESS 2405 STAGHORN DR  
CITY-ST-ZIP HOLIDAY FL 34690

TITLE VP ☐ Delete  
NAME WATT, MARCIA  
STREET ADDRESS 2412 PRESTIGE  
CITY-ST-ZIP HOLIDAY FL 34690

TITLE ~~VP~~ ☐ Delete  
NAME HILBRAND, SHIRLEY  
STREET ADDRESS 5124 RIVER BIRCH AVE  
CITY-ST-ZIP HOLIDAY FL 34690

TITLE T ☐ Delete  
NAME GOWAN, ROSINA J  
STREET ADDRESS 5208 RIVER BIRCH AVE  
CITY-ST-ZIP HOLIDAY FL 34690

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S ☒ Change ☒ Addition  
NAME LYNN PURDY  
STREET ADDRESS 2344 STAGHORN  
CITY-ST-ZIP Holiday, FL 34690

TITLE T ☐ Change ☒ Addition  
NAME DOROTHY MCCARRON  
STREET ADDRESS 2337 LEMUR DR.  
CITY-ST-ZIP Holiday, FL 34690

TITLE T ☐ Change ☒ Addition  
NAME JOSEPH M. GERMONT  
STREET ADDRESS 2400 LEMUR DR.  
CITY-ST-ZIP Holiday, FL 34690

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

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

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 Section 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

*Rosina J. Gowan* ROSINA J. GOWAN

2-8-06

727-943-2368