
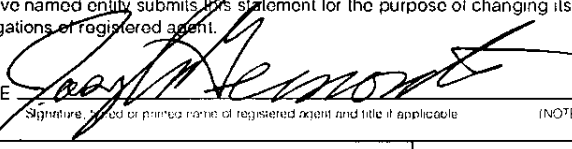
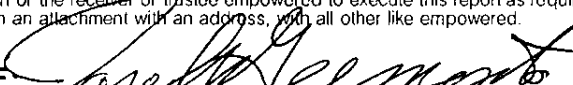


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90066 041 \*\*\*\*61.25

<b>DOCUMENT # 730267</b> 1. Entity Name <b>BUENA VISTA MANOR CIVIC ASSOCIATION, INC.</b>					
Principal Place of Business <b>5112 ROSADA AVE HOLIDAY FL 34690 US</b>			Mailing Address <b>5112 ROSADA AVE HOLIDAY FL 34690 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1751385</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>PETERSON, ANDRIA S 5133 ROSADA AVE HOLIDAY FL 34690</b>				7. Name and Address of New Registered Agent Name <b>JOSEPH M. GERMONTO</b> Street Address (P.O. Box Number is Not Acceptable) <b>2400 LEMUR DRIVE</b> City <b>HOLIDAY</b> FL <b>34690</b>	
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>S</b> <b>PURDY, LYNN</b> <b>2344 STAGHORN</b> <b>HOLIDAY FL 34690</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>T</b> <b>MCCARRON, DOROTHY</b> <b>2337 LEMUR DR</b> <b>HOLIDAY FL 34690</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>T</b> <b>GERMONT, JOSEPH M</b> <b>2400 LEMUR DR.</b> <b>HOLIDAY FL 34690</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>VP</b> <b>WATT, MARCIA</b> <b>2412 PRESTIGE</b> <b>HOLIDAY FL 34690</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>T</b> <b>HILBRAND, SHIRLEY</b> <b>5124 RIVER BIRCH AVE</b> <b>HOLIDAY FL 34690</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>T</b> <b>GOWAN, ROSINA J</b> <b>5208 RIVER BIRCH AVE</b> <b>HOLIDAY FL 34690</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>T</b> <b>HENRY OMLUND</b> <b>2347 STAGHORN DR</b> <b>HOLIDAY, FL. 34690</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>VP</b> <b>WALTER LARRY MARSH</b> <b>5138 River Birch Ave.</b> <b>HOLIDAY, FL. 34690</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  <b>Joseph M Germonto</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



1st MOORE CR2E037 (10/06)