2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

8/7/2008-90063-016-$61.25-$61.25

DOCUMENT # 730267

1. Entity Name

BUENA VISTA MANOR CIVIC ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 OCT 20 PM 12:30

Principal Place of Business	Mailing Address
5112 ROSADA AVE HOLIDAY FL 34690 US	5112 ROSADA AVE HOLIDAY FL 34690 US

2nd MOORE CR2E037 (4/08)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
GERMONTO, JOSEPH M 2400 LEMUR DR. HOLIDAY FL 34690	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 RALPH J. WATT Ralph J. Watt V.P. 10/15/2008
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW: FEE IS $61.25
Due By September 3, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	S PURDY, LYNN 2344 STAGHORN HOLIDAY FL 34690	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MCCARRON, DOROTHY 2337 LEMUR DR HOLIDAY FL 34690	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T OMLUND, HENRY 2347 STAGHORN DR. HOLIDAY FL 34690	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LINVILLE, WAYNE 2336 LEMUR DR. HOLIDAY, FL 34690	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MARSH, WALTER LARRY 5138 RIVER BIRCH AVE. HOLIDAY FL 34690	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WATT, RALPH J. 2412 PRESTIGE DR HOLIDAY, FL 34690	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HILBRAND, SHIRLEY 5124 RIVER BIRCH AVE HOLIDAY FL 34690	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GOWAN, ROSINA J 5208 RIVER BIRCH AVE HOLIDAY FL 34690	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B 10/20/08	☐ Change ☐ Addition

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: Ralph J. Watt 10-3-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #