

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730267

FILED
Jan 06, 2009
Secretary of State

Entity Name: BUENA VISTA MANOR CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

5112 ROSADA AVE
HOLIDAY, FL 34690 US

New Principal Place of Business:

Current Mailing Address:

5112 ROSADA AVE
HOLIDAY, FL 34690 US

New Mailing Address:

5208 RIVER BIRCH AVE.
HOLIDAY, FL 34690 US

FEI Number: 59-1751385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERMONT, JOSEPH M
2400 LEMUR DR.
HOLIDAY, FL 34690 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: PURDY, LYNN
Address: 2344 STAGHORN
City-St-Zip: HOLIDAY, FL 34690

Title: T () Delete
Name: MCCARRON, DOROTHY
Address: 2337 LEMUR DR
City-St-Zip: HOLIDAY, FL 34690

Title: T () Delete
Name: LINVILLE, WAYNE
Address: 2336 LEMUR DR
City-St-Zip: HOLIDAY, FL 34690

Title: V () Delete
Name: WATT, RALPH J
Address: 2412 PRESTIGE DR
City-St-Zip: HOLIDAY, FL 34690

Title: T () Delete
Name: HILBRAND, SHIRLEY
Address: 5124 RIVER BIRCH AVE
City-St-Zip: HOLIDAY, FL 34690

Title: T () Delete
Name: GOWAN, ROSINA J
Address: 5208 RIVER BIRCH AVE
City-St-Zip: HOLIDAY, FL 34690

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: BOLTZ, REBECCA
Address: 2347 PRESTIGE DR.
City-St-Zip: HOLIDAY, FL 34690

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH M. GERMONT

P

01/06/2009

Electronic Signature of Signing Officer or Director

Date