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

FILED
Mar 21, 2006 8:00 am
Secretary of State
03-21-2006 90009 042 ****61.25

DOCUMENT # 740131

1. Entity Name

BUENA VISTA PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
123 SINCLAIR ST. SE PORT CHARLOTTE FL 33952-9140 US	P.O. BOX 494238 PORT CHARLOTTE FL 33949 US

1st MOORE CR2E037 (10/05)

2. Principal Place of Business	3. Mailing Address
122 SW COLONIAL ST	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT CHARLOTTE, FL	City & State
Zip: 33952 Country: CHARLOTTE	Zip Country

4. FEI Number: 59-2371398 ☐ 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
SEXTON, FRANK 133 PECKHAM ST. SW PORT CHARLOTTE FL 33952	Name: SANDRA WITZKE Street Address (P.O. Box Number is Not Acceptable): 122 SW COLONIAL City: PORT CHARLOTTE FL Zip Code: 33952

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: ✓ Sandra Witzke SANDRA WITZKE 3/7/2006
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 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, GLORIA 120 PECKHAM ST SW PORT CHARLOTTE FL 33952	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT SANDRA WITZKE 122 S.W. COLONIAL ST PORT CHARLOTTE FL 33952	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REYNOLDS, HELEN 104 LELEAND ST SW PORT CHARLOTTE FL 33952	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. RAY BUSH 127 S.W. COLONIAL ST PORT CHARLOTTE, FL 33952	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ROSE, JANET L 123 SINCLAIR ST. SE PORT CHARLOTTE FL 33952-9140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR JANET ROSE 123 SINCLAIR ST S.E. PORT CHARLOTTE FL 33952	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PEARSE, ROBERT 21073 EDGEWATER DR PORT CHARLOTTE FL 33952	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY LYNN KITCHENS 128 S.W. COLONIAL ST PORT CHARLOTTE FL 33952	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P OSBORNE, ROBERT 126 PECKHAM ST. W PORT CHARLOTTE FL 33952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ROBERT OSBORNE 126 PECKHAM ST S.W. PORT CHARLOTTE FL 33952	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEROUX, ROBERT 101 COLONIAL ST SE PORT CHARLOTTE FL 33952	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER BARBARA E POLLARD 137 S.W. LELAND ST PORT CHARLOTTE FL 33952	☐ Change ☑ 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: Barbara E Pollard BARBARA E POLLARD TRS 3/7/06 (941) 629-4996