

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

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90113 010 \*\*\*\*61.25

**DOCUMENT # 745706**

1. Entity Name

HOME OWNERS ASSOCIATION OF PORT BUENA  
VISTA, INC.



Principal Place of Business

120 MARGARITA RD  
EAST PALATKA FL 32131  
US

Mailing Address

120 MARGARITA RD  
EAST PALATKA FL 32131  
US

00040031



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

59-2518205

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

PRICE, ELLEN J  
120 MARGARITA RD  
PORT BUENA VISTA  
E. PALATKA FL 32131

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

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 PD ☐ Delete  
NAME PRICE, ELLEN  
STREET ADDRESS 120 MARGARITA RD  
CITY-ST-ZIP E PALATKA FL 32131

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

TITLE D ☒ Delete  
NAME ~~LANAGAN, RON~~  
STREET ADDRESS 111 MILLION ST  
CITY-ST-ZIP EAST PALATKA FL 32131

TITLE ☐ Change ☐ Addition  
NAME DROPPED TO 5 MAN BOARD  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME LYNCH, LARRY  
STREET ADDRESS 115 MARGARITA RD.  
CITY-ST-ZIP E. PALATKA FL 32131

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

TITLE TD ☐ Delete  
NAME RENNER, CHRISTINA  
STREET ADDRESS 101 TRESCOT COURT  
CITY-ST-ZIP EAST PALATKA FL 32131

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

TITLE CSD ☐ Delete  
NAME THOMPSON, JOHN  
STREET ADDRESS 110 MARGARITA RD  
CITY-ST-ZIP EAST PALATKA FL 32131

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

TITLE RSD ☐ Delete  
NAME SERWE, CAROLYN  
STREET ADDRESS 107 MARGARITA RD  
CITY-ST-ZIP EAST PALATKA FL 32131

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:

*Ellen Price*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/19/06 386-325-6561