2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State
04-24-2006 90391 025 ****61.25

01052006 Chg-NP CR2E037 (11/05)

DOCUMENT # 748026

1. Entity Name
BUENAVISTA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3901 N FEDERAL HWY STE 202 BOCA RATON, FL 33431	3901 N FEDERAL HWY STE 202 BOCA RATON, FL 33431

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 65-0071180 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PAITI, PAUL N
C/O HAWK-EYE MGMT. INC.
3901 N FEDERAL HWY STE 202
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

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 ______________________________________

Filing 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

TITLE NAME STREET ADDRESS CITY ST ZIP	PD TALBOT, TED 6009 BUENE VISTA CT BOCA RATON, FL 33433	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	SD CERUTTI, GRACE 6169 VISTA LINDA LANE BOCA RATON, FL 33433	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D CERUTTI, GRACE 6169 VISTA LINDA LANE BOCA RATON, FL 33433	☒ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	TD CALABRESE, CURTIS 6010 BUENE VISTA CT BOCA RATON, FL 33433	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
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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: X [signature] TED TALBOT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR