FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -8 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 752841 (7)

1. Corporation Name

BUENA VIDA ESTATES, INCORPORATED

Principal Place of Business	Mailing Address
2129 W. NEW HAVEN AVE. W. MELBOURNE FL 32904	2129 W. NEW HAVEN AVE. W. MELBOURNE FL 32904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/09/1980
3a. Date of Last Report: 02/02/1994
4. FEI Number: 64-0639722 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NOHRR, P.F.
1800 W. HIBISCUS BLVD.
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☐ Change ☒ Addition
NAME	JONES ESQ., RICHARD O.	1.2 NAME	Kautz, William A.
STREET ADDRESS	509 ANDREWS DR.	1.3 STREET ADDRESS	6730 South Dr.
CITY-ST-ZIP	MELBOURNE BCH FL	1.4 CITY-ST-ZIP	Melbourne Village, FL 32904
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BOYCE, TOM	2.2 NAME	
STREET ADDRESS	1803 INDIAN RIVER DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	DEKKER, HENRY H.	3.2 NAME	
STREET ADDRESS	1260 HOLLOWBROOK LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	☐ Change ☐ Addition
NAME	FAY, ROBERT W	4.2 NAME	
STREET ADDRESS	HARRIS CORPORATION	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	
TITLE	STD	5.1 TITLE	☐ Change ☐ Addition
NAME	HOWARD, SARA	5.2 NAME	
STREET ADDRESS	2803 S. RIVERVIEW DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BRETT, JOSEPH	6.2 NAME	
STREET ADDRESS	300 NASA BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R W Fay 2-17-95 407-724-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038348