FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: **06/09/1980**
3a. Date of Last Report: **03/08/1995**

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:

4. FEI Number: **64-0639722** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE	D	☐ Change ☒ Addition
NAME	JONES ESQ., RICHARD O.		12 NAME	Kautz, William A	
STREET ADDRESS	509 ANDREWS DR.		13 STREET ADDRESS	380 Euclid Ave.	
CITY-ST-ZIP	MELBOURNE BCH FL		14 CITY-ST-ZIP	Daytona Beach, FL 32118	
TITLE	D	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	BOYCE, TOM		22 NAME		
STREET ADDRESS	1803 INDIAN RIVER DR.		23 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL		24 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	DEKKER, HENRY H.		32 NAME		
STREET ADDRESS	1260 HOLLOWBROOK LANE		33 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL		34 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	FAY, ROBERT W		42 NAME		
STREET ADDRESS	HARRIS CORPORATION		43 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		44 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	HOWARD, SARA		52 NAME		
STREET ADDRESS	2803 S. RIVERVIEW DRIVE		53 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		54 CITY-ST-ZIP		
TITLE	D	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	BRETT, JOSEPH		62 NAME		
STREET ADDRESS	300 NASA BLVD		63 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		64 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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 attached sheet with an address.

SIGNATURE: _____ ,Henry H. Dekker, Chairman 2-9-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #