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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 32904-3873

3. Date Incorporated or Qualified: **06/09/1980**
3a. Date of Last Report: **02/15/1996**

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 Suite 138
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 signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JONES ESQ., RICHARD O.		1.2 NAME		
STREET ADDRESS	509 ANDREWS DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BCH FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	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	☐ DELETE	3.1 TITLE	CD	☒ 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	☐ DELETE	4.1 TITLE	VCD	☒ 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	☐ DELETE	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	☐ DELETE	6.1 TITLE	V/D	☒ 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		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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 R.W. Fay Vice Chairman 407-724-0060 3-27-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0018663

SIGNATURE REQUIRED