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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 22 AM 8:05

DOCUMENT # 765594 (7)

1. Corporation Name

BUENA VIDA TOWNHOUSE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8520 GULF BLVD NAVARRE BEACH FL 32566-7249	P.O. BOX 78 MARY ESTHER FL 32569

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/28/1982
3a. Date of Last Report: 05/24/1994
4. FEI Number: 59-2259548 ☐ 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
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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
J. STEPHEN HARDIN 151 MARY ESTHER BLVD. STE. 309-A MARY ESTHER BLVD. STE. 309-AFL 32569	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	VD	11 TITLE	☐ Change ☐ Addition
NAME	DURFEE, WILLIAM	12 NAME	
STREET ADDRESS	8520 GULF BLVD #22	13 STREET ADDRESS	
CITY-ST-ZIP	NAVARRE BCH FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☒ Addition
NAME	WALLIS, RONALD	22 NAME	PD TOMMIE BRADLEY
STREET ADDRESS	8520 GULF BLVD #26	23 STREET ADDRESS	8520 GULF BLVD #19
CITY-ST-ZIP	NAVARRE BCH FL	24 CITY-ST-ZIP	NAVARRE BCH FL 32566
TITLE	SD	31 TITLE	☐ Change ☒ Addition
NAME	KATHLEEN ALLEN,	32 NAME	SD SHELBY DURFEE
STREET ADDRESS	8520 GULF BLVD #24	33 STREET ADDRESS	8520 GULF BLVD #22
CITY-ST-ZIP	NAVARRE BCH FL	34 CITY-ST-ZIP	NAVARRE BCH, FL 32566
TITLE	D	41 TITLE	☐ Change ☒ Addition
NAME	GEORGE TRIMMER,	42 NAME	D BILL BRINKLEY
STREET ADDRESS	8520 GULF BLVD #12	43 STREET ADDRESS	8520 GULF BLVD #5
CITY-ST-ZIP	NAVARRE BCH FL	44 CITY-ST-ZIP	NAVARRE BCH, FL 32566
TITLE	TD	51 TITLE	☐ Change ☒ Addition
NAME	TATOM, IRIS	52 NAME	TD JOHN PALEN
STREET ADDRESS	8520 GULF BLVD #23	53 STREET ADDRESS	8520 GULF BLVD #32
CITY-ST-ZIP	NAVARRE BEACH FL	54 CITY-ST-ZIP	NAVARRE BCH, FL 32566
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Tommie Bradley 6-19-95 244-0931
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
TOMMIE BRADLEY - PRESIDENT

0072247