FILE NOW: FILING FEE IS $61.25

FILED
Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997

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

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 32569-0078

3. Date Incorporated or Qualified: 10/28/1982
3a. Date of Last Report: 04/24/1996

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~J. STEPHEN HARDIN~~
~~151 MARY ESTHER BLVD.~~
~~STE. 309-A~~
~~MARY ESTHER BLVD. STE. 309-A~~FL 32569

10. Name and Address of New Registered Agent

81 Name: Thomas A. Schumack
82 Street Address (P.O. Box Number is Not Acceptable): 8460 Gulf BLVD
83 .
84 City: Navarre Beach FL 85 Zip Code: 32566

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 [signature] 1/16/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	☒ DELETE	1.1 TITLE	PD Danny Ampion ☐ Change ☒ Addition
NAME	DURFEE, WILLIAM		1.2 NAME	
STREET ADDRESS	8520 GULF BLVD #22		1.3 STREET ADDRESS	8520 Gulf BLVD #38
CITY-ST-ZIP	NAVARRE BCH FL		1.4 CITY-ST-ZIP	Navarre Beach FL
TITLE	TD	☒ DELETE	2.1 TITLE	VD ☐ Change ☒ Addition
NAME	ALLEN, JIM		2.2 NAME	Glenda Hayes
STREET ADDRESS	8520 GULF BLVD., #24		2.3 STREET ADDRESS	PO Box 426
CITY-ST-ZIP	NAVARRE BEACH FL		2.4 CITY-ST-ZIP	Jay FL 32565
TITLE	SD	☒ DELETE	3.1 TITLE	SD Bill Perry ☐ Change ☒ Addition
NAME	DURFEE, SHELBY		3.2 NAME	8520 Gulf BLVD #39
STREET ADDRESS	8520 GULF BLVD #22		3.3 STREET ADDRESS	Navarre Beach FL
CITY-ST-ZIP	NAVARRE BCH FL		3.4 CITY-ST-ZIP	
TITLE	PD	☒ DELETE	4.1 TITLE	TD Paul Byry ☐ Change ☒ Addition
NAME	BRINKLEY, BILL		4.2 NAME	8520 Gulf BLVD #2
STREET ADDRESS	8520 GULF BLVD #5		4.3 STREET ADDRESS	Navarre Beach FL
CITY-ST-ZIP	NAVARRE BCH FL		4.4 CITY-ST-ZIP	
TITLE	D	DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WALLIS, RON		5.2 NAME	
STREET ADDRESS	8520 GULF BLVD., #26		5.3 STREET ADDRESS	
CITY-ST-ZIP	NAVARRE BEACH FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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: [signature] SIGNATURE REQUIRED 1/14/97 904-939-2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (9/96) 0074378