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Jun 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 70~~ ~~MARY ESTHER FL 32569~~ 8460 Gulf BLVD NAVARRE BEACH FL 32566

3. Date Incorporated or Qualified: 10/28/1982

4. FEI Number: 59-2259548 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 8460 Gulf BLVD	26 8460 Gulf BLVD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 NAVARRE BEACH, FL	City & State 28 NAVARRE Beach FL
Zip 24 32566 Country 25 SANTA ROSA	Zip 29 32566 Country 30 SANTA ROSA

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHUMACK, THOMAS A. 8460 GULF BLVD. NAVARRE BCH FL 32566 N	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City NAVARRE BEACH 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	PD	☒ DELETE	1.1 TITLE	VP	☐ Change ☒ Addition
NAME	AMPION, DANNY		1.2 NAME	WILLIAM DURFEE	
STREET ADDRESS	852 GULF BLVD #38		1.3 STREET ADDRESS	8520 Gulf BLVD #32	
CITY-ST-ZIP	NAVARRE BCH FL		1.4 CITY-ST-ZIP	NAVARRE Beach FL 32566	
TITLE	VD	☒ DELETE	2.1 TITLE	T	☐ Change ☒ Addition
NAME	HAYNES, GLENDA		2.2 NAME	WILLIAM BRINKLEY	
STREET ADDRESS	PO BOX 426		2.3 STREET ADDRESS	8520 Gulf BLVD #5	
CITY-ST-ZIP	JAY FL		2.4 CITY-ST-ZIP	NAVARRE BEACH, FL 32566	
TITLE	SD	☒ DELETE	3.1 TITLE	S	☐ Change ☐ Addition
NAME	PERRY, BILL		3.2 NAME	LINDA LEWIS	
STREET ADDRESS	8520 GULF BLVD #39		3.3 STREET ADDRESS	8520 Gulf BLVD #4	
CITY-ST-ZIP	NAVARRE BCH FL		3.4 CITY-ST-ZIP	NAVARRE BEACH FL 32566	
TITLE	TD	☒ DELETE	4.1 TITLE	D	☐ Change ☐ Addition
NAME	BURY, PAUL		4.2 NAME	GWEN HAND	
STREET ADDRESS	8520 GULF BLVD. #2		4.3 STREET ADDRESS	8520 Gulf BLVD #18	
CITY-ST-ZIP	NAVARRE BCH FL		4.4 CITY-ST-ZIP	NAVARRE BEACH FL 32566	
TITLE	D	☐ DELETE	5.1 TITLE	PD	☒ Change ☐ Addition
NAME	WALLIS, RON		5.2 NAME	800002554378	
STREET ADDRESS	8520 GULF BLVD., #26		5.3 STREET ADDRESS	-06/10/98--01035--002	
CITY-ST-ZIP	NAVARRE BEACH FL		5.4 CITY-ST-ZIP	***61.25	
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		

LS 6.10

14. I 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.