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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 765594

1. Corporation Name

BUENA VIDA TOWNHOUSE ASSOCIATION, INC.

Principal Place of Business

**8460 GULF BLVD
NAVARRE BEACH FL 32566**

Mailing Address

**8460 GULF BLVD
NAVARRE BEACH FL 32566**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/28/1982

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2259548

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

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**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11 JUN 99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP
NAME DURFEE, WILLIAM
STREET ADDRESS 8520 GULF BLVD. #22
CITY-ST-ZIP NAVARRE BEACH FL 32566 ☒ DELETE

1.1 TITLE VP ☒ Change ☐ Addition
1.2 NAME M064B, GEORGE
1.3 STREET ADDRESS 8520 GULF BLVD #29
1.4 CITY-ST-ZIP NAVARRE FL 32566

TITLE T
NAME BRINKLEY, WILLIAM
STREET ADDRESS 8520 GULF BLVD. #5
CITY-ST-ZIP NAVARRE BEACH FL 32566 ☒ DELETE

2.1 TITLE T ☒ Change ☐ Addition
2.2 NAME LEWIS, MONTE R.
2.3 STREET ADDRESS 8520 GULF BLVD #4
2.4 CITY-ST-ZIP NAVARRE FL 32566

TITLE S
NAME LEWIS, LINDA
STREET ADDRESS 8520 GULF BLVD. #4
CITY-ST-ZIP NAVARRE BEACH FL 32566 ☒ DELETE

3.1 TITLE P ☒ Change ☐ Addition
3.2 NAME DURFEE, SHEILBY
3.3 STREET ADDRESS 8520 GULF BLVD #22
3.4 CITY-ST-ZIP NAVARRE FL 32566

TITLE D
NAME HAND, GWEN
STREET ADDRESS 8520 GULF BLVD. #18
CITY-ST-ZIP NAVARRE BEACH FL 32566 ☒ DELETE

4.1 TITLE S ☒ Change ☐ Addition
4.2 NAME TATOR, JOHN
4.3 STREET ADDRESS 8520 GULF BLVD #23
4.4 CITY-ST-ZIP NAVARRE FL 32566

TITLE PD
NAME WALLIS, RON
STREET ADDRESS 8520 GULF BLVD. #18
CITY-ST-ZIP NAVARRE BEACH FL 32566 ☒ DELETE

5.1 TITLE PD ☒ Change ☐ Addition
5.2 NAME PERRY, CHARLES
5.3 STREET ADDRESS 8520 GULF BLVD #39
5.4 CITY-ST-ZIP NAVARRE FL 32566

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 JUN 99

Date

850-939-1413

Daytime Phone #

CR2E037 (11/98)