2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
05-14-2001 90093 025 ****61.25

0019189

DOCUMENT # 765594

1. Entity Name

BUENA VIDA TOWNHOUSE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8460 GULF BLVD NAVARRE BEACH FL 32566	8460 GULF BLVD NAVARRE BEACH FL 32566

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1804 Prado St	1804 Prado St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Navarre, FL	City & State: Navarre, FL
Zip: 32566 Country: Santa Rosa	Zip: 32566 Country: Santa Rosa

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHUMACK, THOMAS A. 8460 GULF BLVD. NAVARRE BCH FL 32566	Name: Dorothy Slye Street Address (P.O. Box Number is Not Acceptable): ERA Navarre Beach Agency Inc. 1804 Prado St. City: Navarre FL Zip Code: 32566

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Dorothy Slye Dorothy Slye 4/30/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NOGAB, GENE 8520 GULF BLVD. #29 NAVARRE BEACH FL 32566	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP OEDING, JIM 8520 Gulf Blvd #7 NAVARRE BEACH, FL 32566	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LEWIS, MONTE R 8520 GULF BLVD. #4 NAVARRE BEACH FL 32566	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Agront, Hector 8520 Gulf Blvd #38 Navarre Beach, FL 32566	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DURFEE, SHELBY 8520 GULF BLVD. #22 NAVARRE BEACH FL 32566	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Ingram, Kyle 8520 Gulf Blvd #11	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TATON, JOHN 8520 GULF BLVD. #23 NAVARRE BEACH FL 32566	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Speer, Charles 8520 Gulf Blvd. #30 Navarre Beach, FL 32566	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PERRY, CHARLES 8520 GULF BLVD. #39 NAVARRE BEACH FL 32566	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/30/01 850-939-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #