2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005
Secretary of State

DOCUMENT# 765594

Entity Name: BUENA VIDA TOWNHOUSE ASSOCIATION, INC.

Current Principal Place of Business:

1804 PRADO STREET
NAVARRE BEACH, FL 32566

New Principal Place of Business:

Current Mailing Address:

1804 PRADO STREET
NAVARRE BEACH, FL 32566

New Mailing Address:

FEI Number: 59-2259548 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SLYE, DOROTHY
ERA NAVARRE BEACH AGENCY INC.
1804 PRADO STREET
NAVARRE BCH, FL 32566 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: INGRAM, KYLE
Address: 8520 GULF BLVD. #11
City-St-Zip: NAVARRE BEACH, FL 32566

Title: VP ( ) Delete
Name: SPEER, CHARLES
Address: 8520 GULF BLVD. #30
City-St-Zip: NAVARRE BEACH, FL 32566

Title: SEC ( ) Delete
Name: MANIX, DAN
Address: 8520 GULF BLVD #22
City-St-Zip: NAVARRE BEACH, FL 32566

Title: TRES (X) Delete
Name: HERLIHY, SHIRLEY
Address: 8520 GULF BLVD. #08
City-St-Zip: NAVARRE BEACH, FL 32566

Title: DIR ( ) Delete
Name: CHASON, JIM
Address: 8520 GULF BLVD. #26
City-St-Zip: NAVARRE BEACH, FL 32566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/VP (X) Change ( ) Addition
Name: OEDING, JIM
Address: 8520 GULF BLVD. #07
City-St-Zip: NAVARRE BEACH, FL 32566

Title: TRES (X) Change ( ) Addition
Name: COURTNEY, KEN
Address: 8520 GULF BLVD. #04
City-St-Zip: NAVARRE BEACH, FL 32566

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM OEDING PRES 02/17/2005

Electronic Signature of Signing Officer or Director — Date