

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765594

FILED
May 01, 2006
Secretary of State

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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: PVP () Delete
Name: OEDING, JIM
Address: 8520 GULF BLVD. #07
City-St-Zip: NAVARRE BEACH, FL 32566

Title: TRES () Delete
Name: COURTNEY, KEN
Address: 8520 GULF BLVD. #04
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: 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 (X) Change () Addition
Name: MANIX, BELINDA
Address: 8520 GULF BLVD. #22
City-St-Zip: NAVARRE BEACH, FL 32566

Title: TRES (X) Change () Addition
Name: SPEER, CHARLES
Address: 8520 GULF BLVD. #30
City-St-Zip: NAVARRE BEACH, FL 32566

Title: SEC (X) Change () Addition
Name: WALKUP, ROBERT
Address: 8520 GULF BLVD #1
City-St-Zip: NAVARRE BEACH, FL 32566

Title: DIR (X) Change () Addition
Name: SEALE, JOSEPH
Address: 8520 GULF BLVD. #16
City-St-Zip: NAVARRE BEACH, FL 32566

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DOROTHY SLYE

RA

05/01/2006

Electronic Signature of Signing Officer or Director

Date