2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State
04-07-2008 90067 016 ****61.25

DOCUMENT # 765594

1. Entity Name
BUENA VIDA TOWNHOUSE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1804 PRADO STREET NAVARRE BEACH, FL 32566	1804 PRADO STREET NAVARRE BEACH, FL 32566

03072008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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
SLYE, DOROTHY ERA NAVARRE BEACH AGENCY INC. 1804 PRADO STREET NAVARRE BCH, FL 32566	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PLYMALE, MORRIS 8520 GULF BLVD #24 NAVARRE BEACH, FL 32566	☒ Delete	D KYLE INGRAM 8520 Gulf Blvd #11 NAVARRE, FL 32566	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WIGGINS, WILLIAM 8520 GULF BLVD #9 NAVARRE BEACH, FL 32566	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC WALKUP, ROBERT 8520 GULF BLVD #1 NAVARRE BEACH, FL 32566	☐ Delete	P	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LOVELACE, WILLIAM 8520 GULF BLVD #37 NAVARRE BEACH, FL 32566	☐ Delete	T	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAYES, GLENDA 3950 OAKLEIGH DR JAY, FL 32565	☐ Delete	S	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BELINDA MANIX 8520 Gulf Blvd #22 NAVARRE BEACH, FL 32566	☐ Delete	V	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Dorothy Slye 3/12/08 850-939-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #