

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA 32399-0001
TELEPHONE (904) 493-0001

ATTACHED
AND
FILED

COMM - 1 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766420

(4)

BUENAVENTURA LAKES HOMEOWNERS COMMUNITY ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address		3. Date of Incorporation (Checklist)		3a. Date of Last Report	
1038 FLORIDA PKWY KISSIMMEE FL		P.O. BOX 430001 KISSIMMEE FL 34743		01/06/1983		06/01/1994	
2. Filing of this report required		2a. Mailing Address		4. Fil Number		Applied For	
21		26		59-2099657		Not Applicable	
22		27		5. Certificate of Status (Desired)		[] \$8.75 Additional Fee Required	
23		28		6. Has the Corporation Filed a Report of Change of Officers or Directors?		[] \$5.00 May Be Added to Fees	
24		29		7. Nonprofit with IRS 501(c)(3) Status		[] \$68.75 Supplemental Fee Not Required	
25		30		8. This corporation has liability for intangible tax under W. 149 (22) Florida Statutes.		[] Yes [] No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MALDONADO, MOLLY 1038 FLORIDA PKWY. KISSIMMEE FL 34743				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 607.01 and 607.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent. It is to be on this table of filing by September 15th, 1995. If the corporation's present officers or directors change, it is to report the appointment of a registered agent. It is to report the appointment of a registered agent. It is to report the appointment of a registered agent.

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
NAME	PD MALDONADO, MOLLY 1038 FL PARKWAY KSME FL	NAME	
STREET ADDRESS	S SPODAT, WERNER 505 ELKWOOD CT KSME FL	STREET ADDRESS	
CITY	T FILGATE, VINCET 503 ELKWOOD CT KSME FL	CITY	
STATE	D BLAKE, CHERYL 111 WHITE BIRCH DR KSME FL	STATE	
ZIP CODE	D THOMAS, HENRY 551 FLORAL DR KSME FL	ZIP CODE	
NAME	D BOATSWAIN, ALFRED 90 HERMOSILLO DR KISSIMMEE FL	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption listed in Section 607.01, Florida Statutes. I further certify that the information and statements herein are true and correct and are not false or misleading. I am not aware of any other person or entity who is not a member of the corporation who has provided the information required by this report as required by the Florida Statutes, and that the name appears on Block 12 of this report is the person or persons authorized to file this report.

SIGNATURE:

Molly Maldonado
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Molly Maldonado

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