

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90137 020 \*\*\*\*61.25

**DOCUMENT # 771107**

1. Entity Name  
**LA VIVA HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business PO BOX 0104 BRANDON FL 33509-7104	Mailing Address PO BOX 0104 BRANDON FL 33509-7104
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2363464</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**HEFFERNAN, JOHN W. JR.**  
**710 LOMA LINDA COURT**  
**BRANDON FL 33511**

7. Name and Address of New Registered Agent

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.

SIGNATURE: DATE: **4/23/01**

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME SD SULLIVAN, JILL STREET ADDRESS 707 DORADO CT CITY-ST-ZIP BRANDON FL 33511	<input checked="" type="checkbox"/> Delete
TITLE NAME D CALL, CAROL STREET ADDRESS 704 DORADO CT CITY-ST-ZIP BRANDON FL 33511	<input type="checkbox"/> Delete
TITLE NAME P HEFFERNAN, JOHN W JR STREET ADDRESS 710 LOMA LINDA CT CITY-ST-ZIP BRANDON FL 33511	<input type="checkbox"/> Delete
TITLE NAME VD HOOKER, CURTIS STREET ADDRESS 708 LOMA LINDA CT CITY-ST-ZIP BRANDON FL 33511	<input type="checkbox"/> Delete
TITLE NAME D FALLEN, CHARLES STREET ADDRESS 712 DORADO CT CITY-ST-ZIP BRANDON FL 33511	<input checked="" type="checkbox"/> Delete
TITLE NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME D <del>Call</del> BOISSONNEAULT STREET ADDRESS BOISSONNEAULT, Gil 703 DORADO CT CITY-ST-ZIP BRANDON, FL 33511	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D E GILLIAN, EDDIE STREET ADDRESS 704 LOMA LINDA CT CITY-ST-ZIP BRANDON, FL 33511	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE: **4/23/01** (813) 689-6078

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)