

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2363464

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

HEFFERNAN, JOHN W. JR.

710 LOMA LINDA COURT  
BRANDON FL 33511

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME

D  
BOISSONEAULT, GIL  
703 DORADO CT  
BRANDON FL 33511

☐ Delete

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME

D  
CALL, CAROL  
704 DORADO CT  
BRANDON FL 33511

☒ Delete

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☒ Addition

TITLE  
NAME

PD  
HEFFERNAN, JOHN W JR  
710 LOMA LINDA CT  
BRANDON FL 33511

☐ Delete

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE  
NAME

VD  
HOOKER, CURTIS  
708 LOMA LINDA CT  
BRANDON FL 33511

☐ Delete

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME

D  
GILLIAN, EDDIE  
704 LOMA LINDA CT  
BRANDON FL 33511

☒ Delete

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE  
NAME

CALL, CAROL  
704 DORADO CT  
BRANDON FL 33511

☐ Delete

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ 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: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 30, 2002 8:00 am  
Secretary of State

04-30-2002 90088 049 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)