

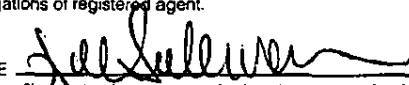
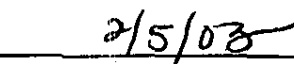
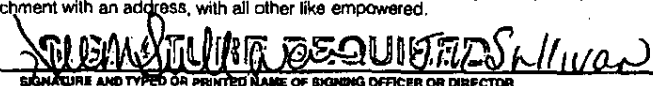
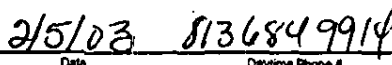


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2003 8:00 am
Secretary of State

04-09-2003 90139 028 ****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		55042957  <input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2363464	Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent HEFFERNAN, JOHN W. JR. 710 LOMA LINDA COURT BRANDON FL 33511				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name Jill Sullivan Street Address (P.O. Box Number is Not Acceptable) 707 Dorado Ct. City Brandon FL Zip Code 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		SIGNATURE 		DATE 2/5/03	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	Director	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOISSONEAULT, GIL		NAME	Jill Sullivan Director	
STREET ADDRESS	703 DORADO CT		STREET ADDRESS	707 Dorado Ct	
CITY-ST-ZIP	BRANDON FL 33511		CITY-ST-ZIP	Brandon, FL 33511	
TITLE	Director	<input type="checkbox"/> Delete	TITLE	Vice Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, JILL		NAME	Carol Call Director	
STREET ADDRESS	707 DORADO COURT		STREET ADDRESS	704 Dorado Ct	
CITY-ST-ZIP	BRANDON FL 33511		CITY-ST-ZIP	Brandon FL 33511	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEFFERNAN, JOHN W JR		NAME	Dennis Bello Director	
STREET ADDRESS	710 LOMA LINDA CT		STREET ADDRESS	713 Dorado Ct	
CITY-ST-ZIP	BRANDON FL 33511		CITY-ST-ZIP	Brandon, FL 33511	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOVER, CURTIS		NAME	Curtis Hoover	
STREET ADDRESS	708 LOMA LINDA CT		STREET ADDRESS	708 Lomalinda	
CITY-ST-ZIP	BRANDON FL 33511		CITY-ST-ZIP	Brandon FL 33511	
TITLE	Director	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALL, CAROL		NAME		
STREET ADDRESS	704 DORADO CT		STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL 33511		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		DATE 2/5/03 DAYTIME PHONE # 8136849914	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	

CR2E037 (10/02)