2006 NOT-FOR-PROFIT CORPORATION

FILED Apr 20, 2006 8:00 am Secretary of State

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	ANNUAL		Secretary of State					
DÒCUMENT # N0000005302					04	1-20-2006 901	171 017 ****61	.25
BUENA VIDA MASTER ASSOCIATION, INC.								
Principal Place of Business 4400 W SAMPLE RD, STE 200 COCONUT CREEK, FL 33073-3450		Mailing Address 4400 W SAMPLE RD, STE 200 COCONUT CREEK, FL 33073-3450			Bin Beit Beil Beil enk		181 FI 19 FI	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03242006 Ch	g-NP C	R2E037 (11/05)	
City & State		City & State			4. FEI Number 65-110849	7	— — — · · ·	olied For Applicable
Zip	Country	Zip Cou		у	5. Certificate of Sta	5. Certificate of Status Desired See Required Fee Required		
	6. Name and Address of Current F	Registered Agent	gistered Agent		7. Name and Adda	ess of New Regis	stered Agent	
MINITO	NAME OF THE PARTY		1	Name Harry L. Posin				
MINTO COMMUNITIES, INC. ATTN: MICHAEL GREENBERG 4400 W SAMPLE RD, STE 200 COCONUZ CREEK, FL 33073-3450					et Address (P.O. Box Number is Not Acceptable) 4400 W. Sample Rd., Suite 200			
3			-	Coc	oconut Creek FL Zip Code 33073			
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 Harry L. Posin Harry L. Posin Signature, typed or birnted arms of registered agent and title d applicable. (NOTE: Registered Agent signature required when remstating) DATE								
	Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution.				check payable to Department of Sta	
10.	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHANGE	S TO OFFICERS A	AND DIRECTORS IN	10
TITLE NAME	BEER, T.R.	Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS CITY+ST-ZIP	. `		STREET A					
TITLE NAME	VD CLEMENT, GARY	► Delete	TITLE NAME	V M	D ichelle Ste	elman	☐ Change	Addition
STREET ADORESS	4400 W SAMPLE RD, STE 200		_	ADDRESS 4	400 W. Samp	le Rd.,	Suite 20	0
CITY-ST-ZIP	COCONUT CREEK, FL 3307334		CITY-\$1	-ZIP C	oconut Cree	k,FL 330	073	
TITLE NAME	STD RODGERS, FRANK	☐ Delete	TITLE NAME				Change	☐ Addition
STREET ADDRESS	4400 W SAMPLE RD, STE 200			ADDRESS				
CITY-ST-ZIP	COCONUT CREEK, FL 3307334	50	CITY-ST	-ZIP				
TITLE		☐ Delete	TITLE NAME	D	andy Groppe	~	☐ Change	Addition
NAME STREET ADDRESS					andy Groppe 681 Via Bri			
CITY-ST-ZIP			CITY-ST		ellington,		1	
TITLE		☐ Delete	TITLE	D	•		☐ Change	Addition
NAME STREET ADDRESS			NAME STREET		om Schipani 722 Via Ele			
CATY-\$1-ZIP			CITY-ST	'	/22 via Ele e <u>llington</u> ,F			
TITLE		☐ Delete	TITLE	17.	 		☐ Change	☐ Addition
NAME STREET ADDRESS			NAME	ADDRESS				
CITY-ST-ZIP			CITY-ST	1				
12. Thereby 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 cath; 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.								

T.R. Beer SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-06