

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005302

FILED
Apr 28, 2010
Secretary of State

Entity Name: BUENA VIDA MASTER ASSOCIATION, INC.

Current Principal Place of Business:

1961 VIA BUENA VIDA
WELLINGTON, FL 33411

New Principal Place of Business:

Current Mailing Address:

C/O CASTLE GROUP
P.O. BOX 559009
FT. LAUDERDALE, FL 33355

New Mailing Address:

FEI Number: 65-1108497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROUGH, CHADROW & LEVINE, P.A.
1900 NORTH COMMERCE PKWY
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: SATER, IRWIN
Address: 8813 VIA BRILLIANTE
City-St-Zip: WELLINGTON, FL 33411

Title: TD
Name: NETTIS, JULES
Address: 9569 VIA GRANDE WEST
City-St-Zip: WELLINGTON, FL 33411

Title: PD
Name: NISSENBAUM, GINNY
Address: 1909 VIA BELLEZZA EAST
City-St-Zip: WELLINGTON, FL 33411

Title: VPD
Name: KAMINS, ALAN
Address: 8549 BRILLIANTE
City-St-Zip: WELLINGTON, FL 33411

Title: D
Name: RODE, BOB
Address: 1926 VIA CASTELLO
City-St-Zip: WELLINGTON, FL 33411

Title: D
Name: PAULL, JERRY
Address: 9581 VIA GRANDE WEST
City-St-Zip: WELLINGTON, FL 33411

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT A. DONNELLY

MGR

04/28/2010

Electronic Signature of Signing Officer or Director

Date