

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007675

FILED  
May 01, 2006  
Secretary of State

**Entity Name:** THE BUENAVENTURA LAKES COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

115 OXACA LANE  
BUENAVENTURA LAKES, FL 34743

**New Principal Place of Business:**

333 BLUE BAYOU DRIVE  
BUENAVENTURA LAKES, FL 34743

**Current Mailing Address:**

P O BOX 430535  
BUENAVENTURA LAKES, FL 34743

**New Mailing Address:**

**FEI Number:** 58-2527059      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

FARQUHARSON, BEULAH RA  
3046 STILLWATER DR.  
BUENAVENTURA LAKES, FL 34743      US

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: PD      ( ) Delete  
Name: FARQUHARSON, BEULAH  
Address: 3046 STILLWATER DR.  
City-St-Zip: BUENAVENTURA LAKES, FL 34743

Title: VD      ( ) Delete  
Name: CASTILLO, CYNTHIA  
Address: 115 OXACA LANE  
City-St-Zip: BUENAVENTURA LAKES, FL 34743

Title: STD      ( ) Delete  
Name: FARQUHARSON, GRACE  
Address: 3046 STILLWATER DRIVE  
City-St-Zip: BUENAVENTURA LAKES, FL 34743

Title: D      ( ) Delete  
Name: MENDEZ, ANA MARIA  
Address: 95 ZACALO WAY  
City-St-Zip: BUENAVENTURA LAKES, FL 34743

Title: D      ( ) Delete  
Name: COSTANZO, ANTHONY  
Address: 333 BUTTONWOOD DRICE  
City-St-Zip: BUENAVENTURA LAKES, FL 34743 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BEULAH FARQUHARSON

PD

05/01/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date