


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 26, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90289 048 \*\*\*\*61.25

<b>DOCUMENT # N03000001044</b> 1. Entity Name <b>BUENA VIDA WEST HOMEOWNERS ASSOCIATION, INC.</b>						
Principal Place of Business <b>4400 WEST SAMPLE ROAD STE 200 COCONUT CREEK, FL 33073-3450</b>			Mailing Address <b>4400 WEST SAMPLE ROAD STE 200 COCONUT CREEK, FL 33073-3450</b>			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent  <b>MINTO COMMUNITIES, INC. ATTN: MICHAEL GREENBERG 4400 WEST SAMPLE ROAD STE 200 COCONUT CREEK, FL 33073-3450</b>				7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
Make check payable to <b>Florida Department of State</b>						
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	<b>DP</b> <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BEER, T.R.</b>			NAME		
STREET ADDRESS	<b>4400 WEST SAMPLE ROAD STE 200</b>			STREET ADDRESS		
CITY-ST-ZIP	<b>COCONUT CREEK, FL 330733450</b>			CITY-ST-ZIP		
TITLE	<b>DV</b> <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CLEMENT, GARY</b>			NAME		
STREET ADDRESS	<b>4400 WEST SAMPLE ROAD STE 200</b>			STREET ADDRESS		
CITY-ST-ZIP	<b>COCONUT CREEK, FL 330733450</b>			CITY-ST-ZIP		
TITLE	<b>DST</b> <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RODGERS, FRANK</b>			NAME		
STREET ADDRESS	<b>4400 WEST SAMPLE ROAD STE 200</b>			STREET ADDRESS		
CITY-ST-ZIP	<b>COCONUT CREEK, FL 330733450</b>			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		
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.						
<b>SIGNATURE:</b> <u>Frank Rodgers</u> <b>FRANK RODGERS</b> <u>4/27/04</u> <u>954-973-4490</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						

**66424309**



04222004 Chg-NP CR2E037 (10/03)

4. FEI Number **42-1589603** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required