

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90062 001 ***183.75

DOCUMENT # N03000001044**1. Entity Name**
BUENA VIDA WEST HOMEOWNERS ASSOCIATION, INC.**Principal Place of Business**
4400 WEST SAMPLE ROAD STE 200
COCONUT CREEK, FL 33073-3450**Mailing Address**
4400 WEST SAMPLE ROAD STE 200
COCONUT CREEK, FL 33073-3450**66015700****2. Principal Place of Business - No P.O. Box #****3. Mailing Address**1961 VIA BUENA VIDA
Suite, Apt. #, etc.1961 VIA BUENA VIDA
Suite, Apt. #, etc.

04132007 Chg-NP CR2E037 (12/06)

City & State**City & State**

WELLINGTON, FL

WELLINGTON, FL

4. FEI Number
42-1589603**Applied For**
Not Applicable**Zip**
33411**Country****Zip**
33411**Country****5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**POSIN, HARRY L
4400 WEST SAMPLE ROAD STE 200
COCONUT CREEK, FL 33073**7. Name and Address of New Registered Agent****Name** LOUIS CAPLAN, C/O SACHS & SAX**Street Address (P.O. Box Number is not Acceptable)**

301 YAMATO ROAD, SUITE 4150

City
BOCA RATON**FL****Zip Code**
33431**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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE**Filing Fee is \$61.25
Due by May 1, 2007****9. Election Campaign Financing
Trust Fund Contribution.** ☐**\$5.00 May Be
Added to Fees****Make check payable to
Florida Department of State****10. OFFICERS AND DIRECTORS****TITLE** DP
NAME BEER, T.R.
STREET ADDRESS 4400 WEST SAMPLE ROAD STE 200
CITY-ST-ZIP COCONUT CREEK, FL 330733450 ☒ Delete**TITLE** DV
NAME STEELMAN, MICHELLE
STREET ADDRESS 4400 WEST SAMPLE ROAD STE 200
CITY-ST-ZIP COCONUT CREEK, FL 330733450 ☒ Delete**TITLE** ST
NAME RODGERS, FRANK
STREET ADDRESS 4400 WEST SAMPLE ROAD STE 200
CITY-ST-ZIP COCONUT CREEK, FL 330733450 ☒ Delete**TITLE** D
NAME BAYER, JACK
STREET ADDRESS 9592 VIA ELEGANTE
CITY-ST-ZIP WELLINGTON, FL 33411 ☒ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10****TITLE** PD
NAME RAPOZA, DAVID
STREET ADDRESS 9410 VIA ELEGANTE WEST
CITY-ST-ZIP WELLINGTON, FL 33411 ☐ Change ☒ Addition**TITLE** VTD
NAME SCHIPANI, TOM
STREET ADDRESS 9722 VIA ELEGANTE WEST
CITY-ST-ZIP WELLINGTON, FL 33411 ☐ Change ☒ Addition**TITLE** SD
NAME FELDMAN, BARRY
STREET ADDRESS 9902 VIA ELEGANTE WEST
CITY-ST-ZIP WELLINGTON, FL 33411 ☐ Change ☒ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**12. I hereby 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #