

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001044

FILED
Mar 30, 2009
Secretary of State

Entity Name: BUENA VIDA WEST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1961 VIA BUENA VIDA
WELLINGTON, FL 33411

New Principal Place of Business:

Current Mailing Address:

1961 VIA BUENA VIDA
WELLINGTON, FL 33411

New Mailing Address:

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

FEI Number: 42-1589603

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPLAN, LOUIS
301 YAMATO RD STE 4150
SACHS & SAX
BOCA RATON, FL 33431 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: DP () Delete
Name: RAPOZA, DAVID
Address: 9410 VIA ELEGANTE W
City-St-Zip: WELLINGTON, FL 33411

Title: VTD () Delete
Name: BAYER, JACK
Address: 9592 VIA ELEGANTE W
City-St-Zip: WELLINGTON, FL 33411

Title: SD () Delete
Name: FELDMAN, BARRY
Address: 9902 VIA ELEGANTE W
City-St-Zip: WELLINGTON, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: BAYER, JACK
Address: 9592 VIA ELEGANTE W
City-St-Zip: WELLINGTON, FL 33411

Title: VSD (X) Change () Addition
Name: PAULL, JERRY
Address: 9581 VIA GRANDE WEST
City-St-Zip: WELLINGTON, FL 33411

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT A. DONNELLY

MGR

03/30/2009

Electronic Signature of Signing Officer or Director

Date