

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/3

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

04-30-2004 90289 049 ****61.25

DOCUMENT # N03000001046

1. Entity Name
BUENA VIDA EAST 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**

66424320



04222004 Chg-NP CR2E037 (10/03)

4. FEI Number
42-1589604

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MINTO COMMUNITIES, INC.
ATTN: MICHAEL GREENBERG
4400 WEST SAMPLE ROAD STE 200
COCONUT CREEK, FL 33073-3450**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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

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, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	DP BEER, T.R. 4400 WEST SAMPLE ROAD STE 200 COCONUT CREEK, FL 330733450	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CLEMENT, GARY 4400 WEST SAMPLE ROAD STE 200 COCONUT CREEK, FL 330733450	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RODGERS, FRANK 4400 WEST SAMPLE ROAD STE 200 COCONUT CREEK, FL 330733450	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

Frank Rodgers
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

FRANK RODGERS

4/27/04 954-573-4490

Date

Daytime Phone #