

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 08, 2009
Secretary of State

DOCUMENT# N03000001046

Entity Name: BUENA VIDA EAST HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1961 VIA BUENA VIDA
WELLINGTON, FL 33411**New Principal Place of Business:****Current Mailing Address:**C/O CASTLE GROUP
P.O. BOX 559009
FT. LAUDERDALE, FL 33355**New Mailing Address:****FEI Number:** 42-1589604**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
BOCA RATON, FL 33431 US**Name and Address of New Registered Agent:**BROUGH, CHADROW & LEVINE
1900 N. COMMERCE PKWY
WESTON, FL 33326 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: DAVID BROUGH

04/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** DP () Delete
Name: NISSNEBAUM, GINNY
Address: 1909 VIA BELLEZZA E
City-St-Zip: WELLINGTON, FL 33411**Title:** VPD () Delete
Name: KAMINS, ALAN
Address: 8549 BRILLIANTE
City-St-Zip: WELLINGTON, FL 33411**Title:** STD () Delete
Name: MARGOLIN, MIKE
Address: 8878 VIA BRILLIANTE
City-St-Zip: WELLINGTON, FL 33411**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DP (X) Change () Addition
Name: NISSENBAUM, GINNY
Address: 1909 VIA BELLEZZA E
City-St-Zip: WELLINGTON, FL 33411**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 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

04/08/2009

Electronic Signature of Signing Officer or Director

Date