

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011123

FILED
Feb 01, 2006
Secretary of State

Entity Name: BUENA VENTURA LAKES LITTLE LEAGUE, INCORPORATED

Current Principal Place of Business:

419 BUENAVENTURA BLVD.
KISSIMMEE, FL 34743

New Principal Place of Business:

Current Mailing Address:

PMB 275
1970 OSEOLA PKWY.
KISSIMMEE, FL 34743

New Mailing Address:

FEI Number: 20-0269783 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MONTES, JOHANNA L
1970 E. OSCEOLA PKWY.
KISSIMMEE, FL 34743 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: P () Delete
Name: MONTES, JOHANNA L
Address: 2892 MIDDLETON CIRCLE
City-St-Zip: KISSIMMEE, FL 34743

Title: VP () Delete
Name: MEJIA, RAFAEL
Address: 1970 E OSCEOLA PKWY
City-St-Zip: KISSIMMEE, FL 34743

Title: PA () Delete
Name: MONTES, JUAN L
Address: 2892 MIDDLETON CIRCLE
City-St-Zip: KISSIMMEE, FL 34743

Title: CM () Delete
Name: MEJIA, SONIA
Address: 1970 E OSCEOLA PKWY
City-St-Zip: KISSIMMEE, FL 34743

Title: T () Delete
Name: MONTES, JOHANNA L
Address: 2892 MIDDLETON CIRCLE
City-St-Zip: KISSIMMEE, FL 34743

Title: EM (X) Delete
Name: ROSADO, JUAN
Address: 1970 E OSCEOLA PKWY
City-St-Zip: KISSIMMEE, FL 34743

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: JOHANNA L MONTES

P

02/01/2006

Electronic Signature of Signing Officer or Director

Date