2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008
Secretary of State

DOCUMENT# N07000003235

Entity Name: BUENA VISTA WEST HOMEOWNER'S ASSOCIATION INC.

Current Principal Place of Business:

401 NW 40TH STREET
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

401 NW 40TH STREET
MIAMI, FL 33127

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COLAS, JULIA K
401 NW 40TH STREET
MIAMI, FL 33127 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: PCEO ( ) Delete
Name: COLAS, JULIA K
Address: 401 NW 40TH STREET
City-St-Zip: MIAMI, FL 33127

Title: V ( ) Delete
Name: ROBERSON, JUANITA
Address: 321 NW 40 ST
City-St-Zip: MIAMI, FL 33127

Title: S ( ) Delete
Name: DINGLE, MARY LEE
Address: 400 NW 40TH ST
City-St-Zip: MIAMI, FL 33127

Title: S ( ) Delete
Name: MOFFETT, JOYCE
Address: 299 NW 40TH ST
City-St-Zip: MIAMI, FL 33127

Title: T ( ) Delete
Name: LYS, GEORGE
Address: 266 NW 40TH ST
City-St-Zip: MIAMI, FL 33127

Title: D ( ) Delete
Name: THOMPSON, ERIC
Address: 401 NW 40TH STREET
City-St-Zip: MIAMI, FL 33127

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
Name:
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 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: JULIA K COLAS P 05/02/2008
Electronic Signature of Signing Officer or Director — Date