

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000000498

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** BUENA VISTA AT SEACREST HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

15525 POOLE STREET  
GULFPORT, MI 39503

**New Principal Place of Business:**

**Current Mailing Address:**

15525 POOLE STREET  
GULFPORT, MI 39503

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DROWN, STEVE P  
179 PELICAN DRIVE  
UNIT B  
PANAMA CITY BEACH, FL 32413 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  
Name: DROWN, STEVEN P  
Address: PO BOX 10109  
City-St-Zip: GULFPORT, MS 39505

Title: DVP  
Name: DYER, RICHARD E  
Address: 404 MOONLITE TRAIL  
City-St-Zip: SALEM, SC 29676

Title: DST  
Name: DYER, JUDY L  
Address: 404 MOONLITE TRAIL  
City-St-Zip: SALEM, SC 29676

I hereby 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 all other like empowered.

SIGNATURE: STEVE DROWN

MGR

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date