

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30814

FILED  
Apr 29, 2005  
Secretary of State

**Entity Name:** BUENAVENTURA LAKES SILVER PARK VILLAS I HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

% 51 SILVER PARK CIR  
KISSIMMEE, FL 34743 US

**New Principal Place of Business:**

231 RUBY AVE  
SUITE B  
KISSIMMEE, FL 34741 US

**Current Mailing Address:**

% 51 SILVER PARK CIR  
KISSIMMEE, FL 34743 US

**New Mailing Address:**

PO BOX 452847  
KISSIMMEE, FL 347452847 US

**FEI Number:** 59-2997824

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

ASSOCIATION SOLUTIONS OF CENTRAL FL, INC.  
PO BOX 452847  
KISSIMMEE, FL 347452847 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: MINETTA GARAY

04/29/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: MARTINEZ, LUIS  
Address: 57 SILVER PARK CIR  
City-St-Zip: KISSIMMEE, FL 34743

Title: PD ( ) Delete  
Name: SWINSON, FRANCES  
Address: 51 SILVER PARK CIRCLE  
City-St-Zip: KISSIMMEE, FL 34743

Title: VD ( ) Delete  
Name: WALKER, JOSEPH  
Address: 17 SILVER FALLS CIRCLE  
City-St-Zip: KISSIMMEE, FL 34743

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: VAZQUEZ, RAFAEL J  
Address: 50 SILVER OAK CIRCLE  
City-St-Zip: KISSIMMEE, FL 34743

Title: VPD (X) Change ( ) Addition  
Name: FRANCO, ALVERO  
Address: 21 SILVER SWAN CIRCLE  
City-St-Zip: KISSIMMEE, FL 34743

Title: STD (X) Change ( ) Addition  
Name: MARESCO, DAWN  
Address: 62 SILVER PARK CIRCLE  
City-St-Zip: KISSIMMEE, FL 34743

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RAFAEL VAZQUEZ

PD

04/29/2005

Electronic Signature of Signing Officer or Director

Date