

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30814

FILED  
Apr 28, 2008  
Secretary of State

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

**Current Principal Place of Business:**

231 RUBY AVE  
SUITE A  
KISSIMMEE, FL 34741 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 452847  
KISSIMMEE, FL 347452847 US

**New Mailing Address:**

**FEI Number:** 59-2997824

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ASSOCIATION SOLUTIONS OF CENTRAL FL, INC.  
231 RUBY AVENUE  
SUITE A  
KISSIMMEE, FL 34741 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: VPD ( ) Delete  
Name: CARAMICO, STEVEN  
Address: 30 SILVER OAK CIRCLE  
City-St-Zip: KISSIMMEE, FL 34743 US

Title: PD ( ) Delete  
Name: MARTINEZ, LUIS A  
Address: 57 SILVER PARK CIRCLE  
City-St-Zip: KISSIMMEE, FL 34743 US

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

**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:

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: LUIS MARTINEZ

P

04/28/2008

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

\_\_\_\_\_  
Date