

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Jul 30 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N42502 (7)

1. Corporation Name

BUENA VISTA ACADEMY, INC.

Principal Place of Business

Mailing Address

10601 PARK RIDGE-GOTHA RD  
WINDERMERE FL 34786  
US

PO BOX 2160  
WINDERMERE FL 34786  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1991

3a. Date of Last Report

02/29/1996

4. FEI Number

59-3051351

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

22 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25 City & State

26 10601 Park Ridge-Gotha Rd  
27 Suite, Apt. #, etc.  
28 Windermere, FL  
29 Zip  
30 Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BULLOCK, JAY  
1375 BUENA VISTA DRIVE, 4N  
LAKE BUENA VISTA FL 32830

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME DP  
STREET ADDRESS STREIT, DAVID M  
CITY-ST-ZIP 9114 GALLEON DR  
ORLANDO FL

TITLE ☐ DELETE  
NAME DV  
STREET ADDRESS HEAD, PIPER S.  
CITY-ST-ZIP 3726 LAKE BUYNAC ROAD  
WINDERMERE FL

TITLE ☒ DELETE  
NAME DS  
STREET ADDRESS SCHIANO, STEPHANIE  
CITY-ST-ZIP 108 LAKEPOINTE CIR  
KISSIMMEE FL

TITLE ☒ DELETE  
NAME DT  
STREET ADDRESS MOSSER, MARGARET  
CITY-ST-ZIP 1101 ALMOND TREE CIR  
ORLANDO FL

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS MURPHY, JOHN JR  
CITY-ST-ZIP 1741 WOODY DR  
WINDERMERE FL

TITLE ☒ DELETE  
NAME D  
STREET ADDRESS ROGERS, DAVID  
CITY-ST-ZIP PO BOX 225  
WINDERMERE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME DP  
1.3 STREET ADDRESS Murphy, John, Jr.  
1.4 CITY-ST-ZIP 1741 Woody Drive  
Windermere FL 34786

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME DV  
2.3 STREET ADDRESS Rebecca Stafford  
2.4 CITY-ST-ZIP 1355 Kelso Boulevard  
Windermere FL 34786

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME DS  
3.3 STREET ADDRESS Valerie Oberle  
3.4 CITY-ST-ZIP 10808 Bay Shore Drive  
Windermere FL 34786

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME DT  
4.3 STREET ADDRESS Head, Piper S.  
4.4 CITY-ST-ZIP 3726 Lake Buynak Road  
Windermere FL 34786

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME D  
5.3 STREET ADDRESS Streit, David M.  
5.4 CITY-ST-ZIP 9114 Galleon Drive  
Orlando FL 32819

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME D  
6.3 STREET ADDRESS Fischer, Michele  
6.4 CITY-ST-ZIP 8713 Kenmore Cove  
Orlando FL 32836

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

7 03 97 (497) 225 5470

CR2E037 (4/97)