FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 JUN 26 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N51059 (6)

1. Corporation Name

THE HOMEOWNERS ASSOCIATION OF LA BUONA VITA MOBI LE HOME PARK, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
[illegible]	[illegible]

3. Date Incorporated or Qualified: 09/23/1992
3a. Date of Last Report: 03/15/1994
4. FEI Number: 65-0354014 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26: 520 Barb Ann Lane
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28: Port St.Lucie Florida
Zip 24 / Country 25	Zip 29: 34952 / Country 30: St. Lucie

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
[illegible]	81 Name: STUTZMAN, MARIE B.
	82 Street Address (P.O. Box Number is Not Acceptable): 520 BARB ANN LANE
	83
	84 City: PORT ST. LUCIE FL 85 Zip Code: 34952

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Marie B. Stutzman — April 19, 1995
Marie B. Stutzman, Secretary, Homeowners Assoc. LaBuona Vita Park
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	D	☒ Change ☐ Addition
NAME	GAITO, CHARLES	1.2 NAME	FICHTER, ROBERT	
STREET ADDRESS	570 LA BUONA VITA DR.	1.3 STREET ADDRESS	411 LaBUONA VITA DR.	
CITY-ST-ZIP	PT. ST. LUCIE FL 34952	1.4 CITY-ST-ZIP	PT.ST.LUCIE FL 34952	
TITLE	V	2.1 TITLE	D	☒ Change ☐ Addition
NAME	PURE, ROBERT	2.2 NAME	DALEY, THOMAS J.	
STREET ADDRESS	551 LA BUONA VITA DR.	2.3 STREET ADDRESS	8618 FLORENCE DR	
CITY-ST-ZIP	PT. ST. LUCIE FL 34952	2.4 CITY-ST-ZIP	PT.ST.LUCIE FL 34952	
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	STUTZMAN, MARIE	3.2 NAME		
STREET ADDRESS	520 BARB ANN LANE	3.3 STREET ADDRESS		
CITY-ST-ZIP	PT. ST. LUCIE FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	MULLINS, CATHY	4.2 NAME		
STREET ADDRESS	440 NATALIE DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	PT. ST. LUCIE FL 34952	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	PULEO, CHRIS	5.2 NAME		
STREET ADDRESS	490 ANN MARIE CIR	5.3 STREET ADDRESS		
CITY-ST-ZIP	PT. ST. LUCIE FL	5.4 CITY-ST-ZIP		
TITLE	[illegible]	6.1 TITLE		☐ Change ☐ Addition
NAME	[illegible]	6.2 NAME		
STREET ADDRESS	[illegible]	6.3 STREET ADDRESS		
CITY-ST-ZIP	[illegible]	6.4 CITY-ST-ZIP	# DELETED BY BANK	AF 6/26

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Marie B. Stutzman — April 19, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Marie B. Stutzman, Secretary, Homeowners Association LaBuona Vita Park

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