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Mar 24 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **N51059** (6)

1. Corporation Name

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

Principal Place of Business

Mailing Address

**490 ANN MARIE CIR.
PORT ST LUCIE FL 34952
US**

**490 ANN MARIE CIR.
PORT ST LUCIE FL 34952
US**



3. Date Incorporated or Qualified

09/23/1992

4. FEI Number

65-0354014

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 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**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

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

10. Name and Address of New Registered Agent

**PULEO
CHRIS
490 ANN MARIE CIR.
PORT ST LUCIE FL 34952**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **DALEY, THOMAS J.**
STREET ADDRESS **8618 FLORENCE DR.**
CITY-ST-ZIP **PT. ST. LUCIE FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **SPINNEY, PAUL N.**
STREET ADDRESS **441 LABUONA VITA DRIVE**
CITY-ST-ZIP **PT. ST. LUCIE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **PULEO, CHRIS**
STREET ADDRESS **490 ANN MARIE CIR.**
CITY-ST-ZIP **PT. ST. LUCIE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **MULLINS, ROBERT C.**
STREET ADDRESS **440 NATALIE DR.**
CITY-ST-ZIP **PT. ST. LUCIE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **LA DOUGLIER, LES**
STREET ADDRESS **471 ANN MARIE CIR.**
CITY-ST-ZIP **PT. ST. LUCIE FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **LA DOUGLIER, LES**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **FERLAND, ROLAND**
STREET ADDRESS **8572 FLORENCE DRIVE**
CITY-ST-ZIP **PORT ST LUCIE FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 addendum with an address.

SIGNATURE:

Chris Puleo

CHRIS PULEO

3/9/98

561-340-0218

CR2E037 (10/97)