

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001733

FILED
Feb 03, 2009
Secretary of State

Entity Name: BUENAVISTA WOODS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5401 SOUTH KIRKMAN ROAD
SUITE 450
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

5401 SOUTH KIRKMAN ROAD
SUITE 450
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 59-3177521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT PROFESSIONALS, INC
5401 S KIRKMAN RD.
SUITE 450
ORLANDO, FL 32819 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: DP () Delete
Name: KELLY, ROBERT
Address: 10034 CRYSTALLINE COURT
City-St-Zip: ORLANDO, FL 32836

Title: DVP () Delete
Name: DEAZUERO, ALEX
Address: 8044 GLITTER COURT
City-St-Zip: ORLANDO, FL 32836

Title: ST () Delete
Name: LOSCH, RANDY
Address: 10250 EMERALD WOODS AVE
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KELLY, ROBERT
Address: 10034 CRYSTALLINE COURT
City-St-Zip: ORLANDO, FL 32836

Title: VP (X) Change () Addition
Name: DEAZUERO, ALEX
Address: 8044 GLITTER COURT
City-St-Zip: ORLANDO, FL 32836

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: ROBERT KELLY

P

02/03/2009

Electronic Signature of Signing Officer or Director

Date