



**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000006387	
1. Entity Name THE BUENA VISTA COMMERCIAL CENTER OWNER'S ASSOCIATION, INC.	

Principal Place of Business 5200 W IRLO BRONSON MEMORIAL HWY. KISSIMMEE, FL 34746	Mailing Address 5200 W IRLO BRONSON MEMORIAL HWY. KISSIMMEE, FL 34746
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DO NOT WRITE IN THIS SPACE

	
04092004 No Chg-NP	CR2E037 (10/03)
4. FEI Number 59-3433025	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CSOKASY, JOSEPH
5200 W IRLO BRONSON MEMORIAL HWY.
KISSIMMEE, FL 34746**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CSOKASY, JOSEPH 1381 PINE ISLAND RD KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CSOKASY, IRENE 5200 W IRLO BRONSON MEMORIAL HWY KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD STEINFELD, DAVID 7509 EXCHANGE DRIVE ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/20/04-80034-017 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Norathy Csokasy</i>	4-15-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #