


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000006387</b> 1. Entity Name <b>THE BUENA VISTA COMMERCIAL CENTER OWNER'S ASSOCIATION, INC.</b>	
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Principal Place of Business <b>5200 W IRLO BRONSON MEMORIAL HWY. KISSIMMEE, FL 34746</b>	Mailing Address <b>5200 W IRLO BRONSON MEMORIAL HWY. KISSIMMEE, FL 34746</b>
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01172005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3433025</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>CSOKASY, JOSEPH 5200 W IRLO BRONSON MEMORIAL HWY. KISSIMMEE, FL 34746</b>
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**DO NOT WRITE  
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

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

U00000239707  
02/22/05-80055-008 211.25

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	

**DO NOT WRITE  
IN THIS SPACE**

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:** Joseph Csokasy 2-18-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #