

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005571

1. Entity Name

HISTORIC BUENA VISTA HOMEOWNERS ASSOCIATION, INC

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90111 020 ****61.25

Principal Place of Business	Mailing Address
C/O RICKY D. HEMINGWAY 151 NE 46TH ST MIAMI FL 33137	C/O RICKY D. HEMINGWAY 151 NE 46TH ST MIAMI FL 33137-3423



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0794773	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
HEMINGWAY, RICKY D 151 NE 46TH ST MIAMI FL 33137

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	KEANE, JAMES
STREET ADDRESS	153 NE 44TH ST
CITY-ST-ZIP	MIAMI FL 33137
TITLE	D <input type="checkbox"/> Delete
NAME	HEMINGWAY, RICKY D
STREET ADDRESS	151 NE 46TH ST
CITY-ST-ZIP	MIAMI FL 33137
TITLE	D <input type="checkbox"/> Delete
NAME	MOCK, KAREN
STREET ADDRESS	38 NE 48TH ST
CITY-ST-ZIP	MIAMI FL 33137
TITLE	D <input type="checkbox"/> Delete
NAME	GARCIA, JUAN CARLOS
STREET ADDRESS	130 NE 44TH ST
CITY-ST-ZIP	MIAMI FL 33137
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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: Ricky Hemingway 28 APR 00 (305) 573-9715
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)