

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90006 040 ***150.00

DOCUMENT # P01000036139

1. Entity Name
BUENAVISTA HG - SUNSPREE, INC.



Principal Place of Business
10100 INTERNATIONAL DR
SUITE 2001
ORLANDO, FL 32821

Mailing Address
10100 INTERNATIONAL DR
SUITE 2001
ORLANDO, FL 32821

40047561



01252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3708166	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JENKINS, DONNA
10100 INTERNATIONAL DR
SUITE 2001
ORLANDO, FL 32821

**DO NOT WRITE
IN THIS SPACE**

☒ 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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FROST, MICHAEL H
STREET ADDRESS	10100 INTERNATIONAL DR 2001
CITY - ST - ZIP	ORLANDO, FL 32821

TITLE	V
NAME	STOLZ, ROBERT
STREET ADDRESS	10100 INTERNATIONAL DR 2001
CITY - ST - ZIP	ORLANDO, FL 32821

TITLE	V
NAME	HEINTZ, DONALD
STREET ADDRESS	10100 INTERNATIONAL DR 2001
CITY - ST - ZIP	ORLANDO, FL 32821

TITLE	V
NAME	MOREL, FLORIAN
STREET ADDRESS	10100 INTERNATIONAL DR 2001
CITY - ST - ZIP	ORLANDO, FL 32821

TITLE	V
NAME	WRIGHT, COLIN
STREET ADDRESS	10100 INTERNATIONAL DR 2001
CITY - ST - ZIP	ORLANDO, FL 32821

TITLE	C
NAME	JENKINS, DONNA K
STREET ADDRESS	10100 INTERNATIONAL DR 2001
CITY - ST - ZIP	ORLANDO, FL 32821

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another line empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/08

Date

Daytime Phone # _____