

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000097925

1. Entity Name
THE BUENAVENTURA LAKES NAVIGATOR, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 13 AM 8:00

Principal Place of Business
3046 STILLWATER DR.
BUENAVENTURA LAKES, FL 34743

Mailing Address
3046 STILLWATER DR.
BUENAVENTURA LAKES, FL 34743



04292004 No Chg-P CR2E034 (10/03)

mpd

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4. FEI Number
46-0499212

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required.

6. Name and Address of Current Registered Agent

FARQUHARSON, BEULAH
3046 STILLWATER DR.
BUENAVENTURA LAKES, FL 34743

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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.

05/05/04--01009--021 **158.75

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FARQUHARSON, BEULAH
STREET ADDRESS	3046 STILLWATER DR.
CITY-ST-ZIP	BUENAVENTURA LAKES, FL 34743
TITLE	VD
NAME	FARQUHARSON, EARLISHA
STREET ADDRESS	3046 STILLWATER DR.
CITY-ST-ZIP	BUENAVENTURA LAKES, FL 34743
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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**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)(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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

Date

Daytime Phone #