

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752841

Entity Name: BUENA VIDA ESTATES, INCORPORATED**Current Principal Place of Business:**2129 W. NEW HAVEN AVE.
W. MELBOURNE, FL 32904**Current Mailing Address:**2129 W. NEW HAVEN AVE.
W. MELBOURNE, FL 32904**FEI Number:** 64-0639722**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHUMAN, ERIK P
1795 WEST NASA BLVD
MELBOURNE, FL 32901 US*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:** ERIK P. SHUMAN

03/17/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	RIDENOUR, JIM
Address	4250 CAREYWOOD DRIVE
City-State-Zip:	MELBOURNE FL 32931

Title	PRESIDENT
Name	LORI, BALDWIN
Address	380 RIO LANE
City-State-Zip:	INDIALANTIC FL 32903

Title	DIRECTOR
Name	FLOYD, ELMER
Address	340 YUMA DR
City-State-Zip:	INDIAN HARBOUR BEACH FL 32937

Title	SECRETARY
Name	ROSE, HAL
Address	973 GREAT BELT CIRCLE
City-State-Zip:	MELBOURNE FL 32940

Title	VP
Name	BURKE, JAMES
Address	834 PUESTA DEL SOL PLZ
City-State-Zip:	INDIALANTIC FL 32903

Title	DIRECTOR
Name	BLUE, RANDALL
Address	3592 JOSLIN WAY
City-State-Zip:	WEST MELBOURNE FL 32904

Title	TREASURER
Name	COOPER, WAYNE
Address	1840 CANTERBURY DR
City-State-Zip:	INDIALANTIC FL 32903

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LORI BALDWIN

PRESIDENT

03/17/2025

Electronic Signature of Signing Officer/Director Detail

Date