2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2013
Secretary of State
CC8543623635

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:

NOHRR, P F
1800 W. HIBISCUC BLVD.
SUITE 138
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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

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

Title	SECRETARY/TREASURER
Name	BUTLER, JOHN E
Address	200 OAK STREET
City-State-Zip:	MELBOURNE BEACH FL 32951

Title	DIRECTOR
Name	LORI, BALDWIN
Address	1300 S. BABCOCK STREET
City-State-Zip:	MELBOURNE FL 32901

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

Title	ASST. SECRETARY
Name	MANCO-HERRMAN, ELIZABETH
Address	1356 BALLINTON DRIVE
City-State-Zip:	MELBOURNE FL 32940

Title	DIRECTOR
Name	BOBBIE, BOCKMAN
Address	6505 NORTH HWY 1
City-State-Zip:	MELBOURNE FL 32940

Title	DIRECTOR
Name	D'ALESSANDRO, SHARON
Address	3795 RAMBLEWOOD CT.
City-State-Zip:	MELBOURNE FL 32934

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: JIM RIDENOUR CHAIRMAN 04/01/2013

Electronic Signature of Signing Officer/Director Detail — Date