

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765594

Entity Name: BUENA VIDA TOWNHOUSE ASSOCIATION, INC.**Current Principal Place of Business:**8520 GULF BLVD.
NAVARRE BEACH, FL 32566**Current Mailing Address:**1804 PRADO STREET
NAVARRE BEACH, FL 32566**FEI Number:** 59-2259548**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SLYE, DOROTHY
NAVARRE BEACH AGENCY INC.
1804 PRADO STREET
NAVARRE BCH, FL 32566 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	DT, SECRETARY
Name	LOVELACE, WILLIAM
Address	8520 GULF BLVD #37
City-State-Zip:	NAVARRE BEACH FL 32566

Title	PRESIDENT, DIRECTOR
Name	MANIX, DAN
Address	8520 GULF BLVD #22
City-State-Zip:	NAVARRE FL 32565

Title	D
Name	SPEER, CHARLES
Address	8520 GULF BLVD #30
City-State-Zip:	NAVARRE BEACH FL 32566

Title	DIRECTOR
Name	TATOM, IRIS
Address	8520 GULF OF BLVD #23
City-State-Zip:	NAVARRE BEACH FL 32566

Title	DIRECTOR, VP
Name	SMITH, ANDY
Address	743 STONEVIEW CT.
City-State-Zip:	MARIETTA GA 30068

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: WILLIAM LOVELACE**SECRETARY****04/02/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date