2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000005302

Entity Name: BUENA VIDA HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 16, 2015
Secretary of State
CC9218203817

Current Principal Place of Business:

1961 VIA BUENA VIDA WELLINGTON. FL 33411

Current Mailing Address:

C/O CASTLE GROUP 12270 SW 3RD STREET 2000 PLANTATION, FL 33325 US

FEI Number: 45-4148454 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROUGH, CHADROW & LEVINE, P.A. 1900 NORTH COMMERCE PKWY WESTON, FL 33326 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **DIRECTOR** Title **DIRECTOR** Name GOLUB, ELIOT Name KLEINMAN, LEE Address 9336 VIA ELEGANTE Address 8561 VIA BRILLIANTE City-State-Zip: WELLINGTON FL 33411 City-State-Zip: WELLINGTON FL 33411

TitleDIRECTORTitlePRESIDENTNameWOLF, IRWINNameBLOOM, HARVEY

Address 9289 VIA ELEGANTE Address 9171 VIA CLASSICO EAST City-State-Zip: WELLINGTON FL 33411 City-State-Zip: WELLINGTON FL 33411

Title TREASURER Title

NameGREEN, BRUCENameHOYT, HARVEYAddress9126 VIA ELEGANTEAddress8550 VIA BRILLANTECity-State-Zip:WELLINGTON FL 33411City-State-Zip: WELLINGTON FL 33411

Title SECRETARY
Name GALVEZ, JULIO
Address 9809 VIA ELEGANTE

WELLINGTON FL 33411

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: HARVEY BLOOM PRESIDENT 03/16/2015

Electronic Signature of Signing Officer/Director Detail

Date