2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2014
Secretary of State
CC9963426742

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Entity Name: BUENA VIDA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1961 VIA BUENA VIDA
WELLINGTON, FL 33411

Current Mailing Address:

C/O CASTLE GROUP
P.O. BOX 559009
FT. LAUDERDALE, FL 33355

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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR
Name	KAMINS, AL
Address	8549 VIA BRILLIANTE
City-State-Zip:	WELLINGTON FL 33411

Title	VP
Name	WOLF, IRWIN
Address	9289 VIA ELEGANTE
City-State-Zip:	WELLINGTON FL 33411

Title	TREASURER
Name	GREEN, BRUCE
Address	9126 VIA ELEGANTE
City-State-Zip:	WELLINGTON FL 33411

Title	DIRECTOR
Name	GALVEZ, JULIO
Address	9809 VIA GRANDE W
City-State-Zip:	WELLINGTON FL 33411

Title	SECRETARY
Name	KLEINMAN, LEE
Address	8561 VIA BRILLIANTE
City-State-Zip:	WELLINGTON FL 33411

Title	PRESIDENT
Name	BLOOM, HARVEY
Address	9171 VIA CLASSICO EAST
City-State-Zip:	WELLINGTON FL 33411

Title	DIRECTOR
Name	HOYT, HARVEY
Address	8550 VIA BRILLANTE
City-State-Zip:	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 04/22/2014

Electronic Signature of Signing Officer/Director Detail — Date