

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005302

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 MANAGEMENT
12270 SW 3RD STREET SUITE 200
PLANTATION, FL 33325 US

FEI Number: 45-4148454

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KONYK & LEMME, PLLC
140 INTRACOASTAL POINTE DR.
SUITE 310
JUPITER, FL 33477 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: CHELLE KONYK

04/19/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name RUBIN, MARC
Address 1961 VIA BUENA VIDA
City-State-Zip: WELLINGTON FL 33411

Title DIRECTOR
Name GIANNATTASIO, FRANK
Address 1961 VIA BUENA VIDA
City-State-Zip: WELLINGTON FL 33411

Title TREASURER
Name BAXTER, BILL
Address 1961 VIA BUENA VIDA
City-State-Zip: WELLINGTON FL 33411

Title VP
Name SCHWED, RICHARD
Address 1961 VIA BUENA VIDA
City-State-Zip: WELLINGTON FL 33411

Title DIRECTOR
Name ROSEN, ARNOLD
Address 1961 VIA BUENA VIDA
City-State-Zip: WELLINGTON FL 33411

Title DIRECTOR
Name HOLTZMAN, JEFF
Address 1961 VIA BUENA VIDA
City-State-Zip: WELLINGTON FL 33411

Title PRESIDENT
Name KAPLAN, HARVEY
Address 1961 VIA BUENA VIDA
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 KAPLAN

PRESIDENT

04/19/2024

Electronic Signature of Signing Officer/Director Detail

Date