

2019 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

02/07/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	GOLUB, ELIOT P
Address	1961 VIA BUENA VIDA
City-State-Zip:	WELLINGTON FL 33411

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

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

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

Title	TREASURER
Name	GREEN, BRUCE H
Address	1961 VIA BUENA VIDA
City-State-Zip:	WELLINGTON FL 33411

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

Title	DIRECTOR
Name	CAPPELLI, DENISE
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: ELIOT P. GOLUB

PRESIDENT

02/07/2019

Electronic Signature of Signing Officer/Director Detail

Date