2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000005302

Entity Name: BUENA VIDA HOMEOWNERS ASSOCIATION, INC.

FILED
May 13, 2025
Secretary of State
1433828977CC

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 05/13/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

City-State-Zip:

Title DIRECTOR Title DIRECTOR

NameRUBIN, MARCNameGIANNATTASIO, FRANKAddress1961 VIA BUENA VIDAAddress1961 VIA BUENA VIDACity-State-Zip:WELLINGTON FL 33411City-State-Zip:WELLINGTON FL 33411

Title TREASURER Title DIRECTOR

NameBAXTER, BILLNameSCHWED, RICHARDAddress1961 VIA BUENA VIDAAddress1961 VIA BUENA VIDACity-State-Zip:WELLINGTON FL 33411City-State-Zip: WELLINGTON FL 33411

Title SECRETARY Title VP

NameROSEN, ARNOLDNameHOLTZMAN, JEFFAddress1961 VIA BUENA VIDAAddress1961 VIA BUENA VIDACity-State-Zip:WELLINGTON FL 33411City-State-Zip: WELLINGTON FL 33411

Title PRESIDENT

Name KAPLAN, HARVEY

Address 1961 VIA BUENA VIDA

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 05/13/2025