

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000006537

Entity Name: BUENA VISTA SPORTS ACADEMY, INC.**Current Principal Place of Business:**205 ST JOHNS RIVER PLACE LANE
SWITZERLAND, FL 32259**Current Mailing Address:**205 ST JOHNS RIVER PLACE LANE
SWITZERLAND, FL 32259 US**FEI Number: 27-3099313****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOHNSON, BROCK
205 ST JOHNS RIVER PLACE LANE
SWITZERLAND, FL 32259 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	D
Name	HULTS, THERESA
Address	104 MERKLAND COURT
City-State-Zip:	SAINT JOHNS FL 32259

Title	D
Name	SCHMIDT, MARK
Address	5656 ENGLISH TURN DRIVE
City-State-Zip:	PACE FL 32571

Title	PD
Name	JOHNSON, BROCK
Address	205 SAINT JOHNS RIVER PLACE LANE
City-State-Zip:	SAINT JOHNS FL 32259

Title	D
Name	WATERS, BRODIE
Address	1736 PENNAN PLACE
City-State-Zip:	SAINT JOHNS FL 32259

Title	SD
Name	JOHNSON, KERRIE
Address	205 SAINT JOHNS RIVER PLACE LANE
City-State-Zip:	SAINT JOHNS FL 32259

Title	DCFO
Name	ABEGGLEN, JEFF
Address	W170N5465 RIDGEWOOD DRIVE
City-State-Zip:	MENOMONEE FALLS WI 53051

Title	D
Name	WIDENER, ANTHONY
Address	79 ONDA LANE
City-State-Zip:	ST. AUGUSTINE FL 32095

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: BROCK JOHNSON**PRESIDENT****04/12/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date