

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 10 PM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **714380** (3)
1. Corporation Name
VISTA HERMOSA ASSOCIATION, INC.

Principal Place of Business Mailing Address
6725 MIDNIGHT PASS ROAD SARASOTA FL 34242
6725 MIDNIGHT PASS ROAD SARASOTA FL 34242

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/03/1968** 3a. Date of Last Report **02/04/1994**
4. FEI Number **59-1288720** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
MOSES, WELLS D.
6727 MIDNIGHT PASS RD
#210A
SARASOTA FL 34242

10. Name and Address of New Registered Agent
81 Name **Fyfe, Christine**
82 Street Address (P.O. Box Number is Not Acceptable) **6727 Midnight Pass Rd. #104A**
83 **Sarasota**
84 City **Sarasota** FL 85 Zip Code **34242**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Christine Fyfe* **CHRISTINE FYFE PRESIDENT** 2/20/95
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VP
NAME	SETTINGINGTON, DENNIS
STREET ADDRESS	189 VISTA HERMOSA CR.
CITY-ST-ZIP	SARASOTA FL
TITLE	S
NAME	FYFE, CHRIS
STREET ADDRESS	6727 MIDNIGHT PAS RD #104A
CITY-ST-ZIP	SARASOTA FL
TITLE	P
NAME	MOSES, WELLS D
STREET ADDRESS	6727 MIDNIGHT PASS RD., #210
CITY-ST-ZIP	SARASOTA, FL 00000
TITLE	AS
NAME	EMERSON, MARY
STREET ADDRESS	116 VISTA HERMOSA CIR #202
CITY-ST-ZIP	SARASOTA FL
TITLE	T
NAME	YORE, EDWARD
STREET ADDRESS	110 VISTA HERMOSA CIR, #106B
CITY-ST-ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dorothy D. Fullerton	
1.3 STREET ADDRESS	143 Vista Hermosa Circle	
1.4 CITY-ST-ZIP	Sarasota FL 34242-2504	
2.1 TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Fyfe, Christine	
2.3 STREET ADDRESS	6727 Midnight Pass Rd. #104A	
2.4 CITY-ST-ZIP	Sarasota FL 34242	
3.1 TITLE	VP D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gerald Reister	
3.3 STREET ADDRESS	5637 Merrimac Drive	
3.4 CITY-ST-ZIP	Sarasota FL 34231	
4.1 TITLE	T.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Emerson, Mary	
4.3 STREET ADDRESS	116 Vista Hermosa Circle #202C	
4.4 CITY-ST-ZIP	Sarasota FL 34242	
5.1 TITLE	VP D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Robert A. Orlando	
5.3 STREET ADDRESS	137 Vista Hermosa Circle	
5.4 CITY-ST-ZIP	Sarasota FL 34242	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dorothy D. Fullerton* **Dorothy D. Fullerton** 2-7-95 (813) 349-3431
Signature and typed or printed name of signing officer or director Date Daytime Phone #