

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

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



Principal Place of Business: 6725 MIDNIGHT PASS ROAD SARASOTA FL 34242  
Mailing Address: 6725 MIDNIGHT PASS ROAD SARASOTA FL 34242-2502

3. Date Incorporated or Qualified: 04/03/1968  
3a. Date of Last Report: 05/01/1996  
4. FEI Number: 59-1288720  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent  
FYFE, CHRISTINE  
2727 MIDNIGHT PASS RD. #104A  
SARASOTA FL 34242

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	VP <input type="checkbox"/> DELETE
NAME	REISTER, GERALD
STREET ADDRESS	5637 MERRIMAC DRIVE
CITY-ST-ZIP	SARASOTA FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	FYFE, CHRIS
STREET ADDRESS	6727 MIDNIGHT PAS RD #104A
CITY-ST-ZIP	SARASOTA FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	STROUT, WILLIAM H
STREET ADDRESS	116 VISTA HERMOSA CIRCLE #102C
CITY-ST-ZIP	SARASOTA, FL 00000
TITLE	TD <input type="checkbox"/> DELETE
NAME	EMERSON, MARY
STREET ADDRESS	116 VISTA HERMOSA CIR #202
CITY-ST-ZIP	SARASOTA FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	FULLERTON, DOROTHY D
STREET ADDRESS	143 VISTA HERMOSA CIRCLE
CITY-ST-ZIP	SARASOTA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PREISINGER, S.J.
3.3 STREET ADDRESS	6727 MIDNIGHT PASS RD. #208A
3.4 CITY-ST-ZIP	SARASOTA FL 34242
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 \_\_\_\_\_ MARY D FULLERTON DOROTHY D FULLERTON 5/16/97

CR2E037 (9/96)