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Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90058 019 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 714380 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	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	04/03/1968
22 City & State	27 City & State	4. FEI Number
23 Zip Country	28 Zip Country	59-1288720
24	29	30

9. Name and Address of Current Registered Agent FYFE, CHRISTINE 6727 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	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REISTER, GERALD SANDRA	1.2 NAME	
STREET ADDRESS	5637 MERRIMAC DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FYFE, CHRIS	2.2 NAME	
STREET ADDRESS	6727 MIDNIGHT PAS RD #104A	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREISINGER, S J	3.2 NAME	PETRILO, FRANK
STREET ADDRESS	6727 MIDNIGHT PASS RD #208A	3.3 STREET ADDRESS	116 VISTA HERMOSA CIR #302
CITY-ST-ZIP	SARASOTA, FL 00000	3.4 CITY-ST-ZIP	SARASOTA FL 34242
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMERSON, MARY	4.2 NAME	
STREET ADDRESS	116 VISTA HERMOSA CIR #202	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	SEC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, ROBERT	5.2 NAME	JANET GROSJEAN
STREET ADDRESS	169 VISTA HERMOSA CIRCLE	5.3 STREET ADDRESS	6727 MIDNIGHT PASS RD. #110
CITY-ST-ZIP	SARASOTA FL 34242	5.4 CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Mary Emerson* **SIGNATURE REQUIRED** 4-13-99 (941) 922-3709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)