

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714380

1. Entity Name

VISTA HERMOSA ASSOCIATION, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90155 015 ****61.25

Principal Place of Business

Mailing Address

6725 MIDNIGHT PASS ROAD
 SARASOTA FL 34242

6725 MIDNIGHT PASS ROAD
 SARASOTA FL 34242-2502

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1288720

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FYFE, CHRISTINE
 6727 MIDNIGHT PASS RD #104A
 SARASOTA FL 34242

Name **JANET GROSJEAN**

Street Address (P.O. Box Number is Not Acceptable)
6727 MIDNIGHT PASS RD #112A

City **SARASOTA,**

FL

Zip Code **34242**

8. 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

Alan W. Fyfe

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04/17/2000

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** Delete
 NAME **REISTER, GERALD**
 STREET ADDRESS **5637 MERRIMAC DRIVE**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **VP** Change Addition
 NAME **REISTER, SANDRA**
 STREET ADDRESS **5637 MERRIMAC DR**
 CITY-ST-ZIP **SARASOTA, FL**

TITLE **PD** Delete
 NAME **FYFE, CHRIS**
 STREET ADDRESS **6727 MIDNIGHT PAS RD #104A**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **SD** Change Addition
 NAME **AURELIA ARNOT**
 STREET ADDRESS **116 VISTA HERMOSA CIR #108A**
 CITY-ST-ZIP **SARASOTA - FL**

TITLE **VP** Delete
 NAME **PETRILLO, FRANK**
 STREET ADDRESS **116 VICTOR HERMOSA CIR., #302**
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **EMERSON, MARY**
 STREET ADDRESS **116 VISTA HERMOSA CIR #202**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **TD** Change Addition
 NAME **ALAN FYFE**
 STREET ADDRESS **6727 MIDNIGHT PASS RD #104A**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **SD** Delete
 NAME **GROSJEAN, JANET**
 STREET ADDRESS **6727 MIDNIGHT PASS RD., #110**
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **PD** Change Addition
 NAME **JANET GROSJEAN**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Alan W. Fyfe
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/2000

Date

941-349 3434

Daytime Phone #

CR2E037 (9/99)