

2001 UNIFORM BUSINESS REPORT (UBR)

4/2:

FILED
May 18, 2001 8:00 am
Secretary of State

04-23-2001 90250 041 ****61.25

DOCUMENT # 714380

1. Entity 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

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DO NOT WRITE IN THIS SPACE

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

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
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

Signature, typed or printed name of registered agent responsible

(NOTE: Registered Agent signature required when relocating)

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 **VICE PRESIDENT 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 **VICE PRESIDENT** Change Addition
 NAME **DESSBERG, VINCENT**
 STREET ADDRESS **6727 MIDNIGHT PASS RD #110A**
 CITY-ST-ZIP **SARASOTA, FL 34242**

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

Change Addition

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

TITLE **TREAS** Change Addition
 NAME **FYFE, ALAN W.**
 STREET ADDRESS **6727 MIDNIGHT PASS RD #104A**
 CITY-ST-ZIP **SARASOTA FL 34242**

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

TITLE **PRES.** Change Addition
 NAME **PD**

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:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN W. FYFE
TREASURER

Date

Daytime Phone #

04/12/2001
941-349-3434

CR2E037 (10/00)