

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-30-2002 90378 025 ****61.25

DOCUMENT # 714380

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1288720

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **EDWARD YORE**
 Street Address (P.O. Box Number is Not Acceptable)
110 VISTA HERMOSA Circle 106B
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Edward Yore*
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7-24-02
 DATE

After September 13, 2002,
 min. will be \$236.25.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REISTER, SANDRA 5637 MERRIMAC DR SARASOTA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DESSBERG, VINCENT 6727 MIDNIGHT PASS RD., #110A SARASOTA FL 34242	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FYFF, ALAN W 6727 MIDNIGHT PASS RD., #104A SARASOTA FL 34242	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GROSJEAN, JANET 6727 MIDNIGHT PASS RD., #110 SARASOTA FL 34242	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT-VICE Director ROBERT MOITNEY 730-21 WINDWARD DR AURORA, OH 44202	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DIRECTOR DESSBERG, VINCENT 6727 MIDNIGHT PASS RD #110A SARASOTA, FL 34242	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT D MARGARET HAZEL 5100 HIGH BRIDGES ST 26F FAYETTEVILLE, NY 13066	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY D BARBARA DELOQUIN 9492 W GOLFVIEW DR FRANKFORT, IL 60423	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER D EDWARD YORE 110 VISTA HERMOSA Circle #106B SARASOTA, FL 34242	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (4/02)

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: *Edward Yore*

7/24/02 9013498134

Attachment Florida Department of State
 # 714380-123126

Form **8822**
 (Rev. Oct 2000)
 Department of the Treasury
 Internal Revenue Service

Change of Address

▶ Please type or print.

OMB No. 1545-1163

▶ See instructions on back. ▶ Do not attach this form to your return.

Part I Complete This Part To Change Your Home Mailing Address

Check all boxes this change affects:

- 1 Individual income tax returns (Forms 1040, 1040A, 1040EZ, TeleFile, 1040NR, etc.)
 - ▶ If your last return was a joint return and you are now establishing a residence separate from the spouse with whom you filed that return, check here
- 2 Gift, estate, or generation-skipping transfer tax returns (Forms 706, 709, etc.)
 - ▶ For Forms 706 and 706-NA, enter the decedent's name and social security number below.

▶ Decedent's name

▶ Social security number

3a Your name (first name, initial, and last name)	3b Your social security number
4a Spouse's name (first name, initial, and last name)	4b Spouse's social security number
5 Prior name(s). See instructions.	
6a Old address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Apt. no.
6b Spouse's old address, if different from line 6a (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Apt. no.
7 New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.	Apt. no.

Part II Complete This Part To Change Your Business Mailing Address or Business Location

Check all boxes this change affects:

- 8 Employment, excise, and other business returns (Forms 720, 940, 940-EZ, 941, 990, 1041, 1065, 1120, etc.)
- 9 Employee plan returns (Forms 5500 and 5500-EZ).
- 10 Business location Doc # 10-26000 69453

11a Business name <i>Prodeco Investments Corp</i>	11b Employer identification number <i>02 0632810</i>
12 Old mailing address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions. <i>14 NE 1st Avenue, Miami, FL 33132-2425</i>	Room or suite no.
13 New mailing address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions. <i>14 NE 1st Avenue Miami, FL 33132-2420</i>	Room or suite no. <i>611</i>
14 New business location (no., street, city or town, state, and ZIP code). If a foreign address, see instructions. <i>14 NE 1st Avenue, Miami, FL 33132-2425</i>	Room or suite no. <i>611</i>

Part III Signature

Daytime telephone number of person to contact (optional) ▶ *(305) 579-0058*

Sign Here <input checked="" type="checkbox"/> <i>Edgar Pineda</i> Your signature _____ Date _____	If Part II completed, signature of owner, officer, or representative _____ Date _____
<input type="checkbox"/> If joint return; spouse's signature _____ Date _____	Title _____

Florida Department of State
Attachment # 714380 Change of Address 123126

Form **8822**
(Rev. Oct. 2000)
Department of the Treasury
Internal Revenue Service

▶ Please type or print.
▶ See instructions on back. ▶ Do not attach this form to your return.

OMB No. 1545-1163

Part I Complete This Part To Change Your Home Mailing Address

Check all boxes this change affects:

1 Individual income tax returns (Forms 1040, 1040A, 1040EZ, TeleFile, 1040NR, etc.)
▶ If your last return was a joint return and you are now establishing a residence separate from the spouse with whom you filed that return, check here

2 Gift, estate, or generation-skipping transfer tax returns (Forms 706, 709, etc.)
▶ For Forms 706 and 706-NA, enter the decedent's name and social security number below.

▶ Decedent's name ▶ Social security number

3a Your name (first name, initial, and last name) 3b Your social security number

4a Spouse's name (first name, initial, and last name) 4b Spouse's social security number

5 Prior name(s). See instructions.

6a Old address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions. Apt. no.

6b Spouse's old address, if different from line 6a (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions. Apt. no.

7 New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions. Apt. no.

Part II Complete This Part To Change Your Business Mailing Address or Business Location

Check all boxes this change affects:

8 Employment, excise, and other business returns (Forms 720, 940, 940-EZ, 941, 990, 1041, 1065, 1120, etc.)
9 Employee plan returns (Forms 5500 and 5500-EZ).
10 Business location Doc # P98000017873

11a Business name 11b Employer identification number
Burbx Corporation *65 0845800*

12 Old mailing address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions. Room or suite no.
32 NE 1st Avenue, Miami, FL 33132-2425

13 New mailing address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions. Room or suite no.
14 NE 1st Ave, Ste 611, Miami, FL 33132 *611*

14 New business location (no., street, city or town, state, and ZIP code). If a foreign address, see instructions. Room or suite no.
14 NE 1st Ave, Ste 611, Miami, FL 33132 *611*

Part III Signature

Daytime telephone number of person to contact (optional) ▶ *(305) 579-0056*

Sign Here ▶ *[Signature]* Date *1/27/02* ▶ *[Signature]* Date *1/27/02*
Your signature Date If Part II completed, signature of owner, officer, or representative Date
▶ Date ▶ Title
If joint return, spouse's signature Date Title