


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 714380 1. Entity Name VISTA HERMOSA ASSOCIATION, INC.	
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FILED
05 OCT 10 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 6725 MIDNIGHT PASS ROAD SARASOTA, FL 34242	Mailing Address 6725 MIDNIGHT PASS ROAD SARASOTA, FL 34242
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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10062005 REIN-NP CR2E099 (6/04)

4. FEI Number 59-1288720	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent YORE, EDWARD 110 VISTA HERMOSA CIRCLE 106B SARASOTA, FL 34242	7. Name and Address of New Registered Agent Name NO CHANGE Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOHNEY, ROBERT <input type="checkbox"/> Delete 110 VISTA HERMOSA CIRCLE APT. 202 B SARASOTA, FL 34242	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PLOUDE, JACK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 110 VISTA HERMOSA CIR 302 B SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WISNER, BETTY <input type="checkbox"/> Delete 107 VISTA HERMOSA CIRCLE SARASOTA, FL 34242	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SARAT CHAMBERLAIN CHAMBERLAIN, GARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 183 VISTA HERMOSA CIRCLE SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUIRE, ELENORE <input type="checkbox"/> Delete 116 VISTA HERMOSA CIRCLE APT. 310C SARASOTA, FL 34242	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HEFFRON, WILLIAM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 167 VISTA HERMOSA CIR SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PLOURDE, JACK <input type="checkbox"/> Delete 110 VISTA HERMOSA CIRCLE APT 302B SARASOTA, FL 34242	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOHNEY, ROBERT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 110 VISTA HERMOSA CIR 200B SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YORE, EDWARD <input type="checkbox"/> Delete 110 VISTA HERMOSA CIRCLE #106B SARASOTA, FL 34242	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500060456575 10/10/05--01072--011 *\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 EDWARD YORE, Treas 10/06/05 1-941-349-3434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #