

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 30, 2007 8:00 am
Secretary of State

05-30-2007 90004 001 ****61.25



DOCUMENT # 714380
 1. Entity Name
VISTA HERMOSA ASSOCIATION, INC.

Principal Place of Business Mailing Address
 6725 MIDNIGHT PASS ROAD 6725 MIDNIGHT PASS ROAD
 SARASOTA FL 34242 SARASOTA FL 34242



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/06)
 4. FEI Number **59-1288720** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 CHAMBERLAIN, GARY
 183 VISTA HERMOSA CIR
 SARASOTA FL 34242

7. Name and Address of New Registered Agent
 Name **CHARLES W. BOELAND**
 Street Address (P.O. Box Number is Not Acceptable) **161 VISTA HERMOSA CIRCLE**
SARASOTA, FL 34242
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	PDP CHAMBERLAIN, GARY 183 VISTA HERMOSA CIR SARASOTA FL 34242	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	VPDV HEFFRON, WILLIAM 167 VISTA HERMOSA CIR SARASOTA FL 34242	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	DV HEFFRON, WILLIAM 167 VISTA HERMOSA CIR SARASOTA FL 34242	<input checked="" type="checkbox"/> Delete <i>STET Reinstiate</i>
TITLE NAME STREET ADDRESS CITY ST ZIP	SD BECHERER, JIM 6727 MIDNIGHT PASS RD 106A SARASOTA FL 34242	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	VP HUSKE, JOEY JUDY 187 VISTA HERMOSA CIR SARASOTA FL 34242	<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/TREASURER CHARLES BOELAND 161 VISTA HERMOSA CIRCLE SARASOTA, FL 34242	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	JANET GROSJEAN 6727 MIDNIGHT PASS RD 112A 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
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Section 119, 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: *Charles Boeland* **Charles Boeland President** 5-14-07 941-379-3737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #