2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

SARASOTA FL 34242

6725 MIDNIGHT PASS ROAD

DOCUMENT # 714380

1. Entity Name

Principal Place of Business

6725 MIDNIGHT PASS ROAD

SARASOTA FL 34242

VISTA HERMOSA ASSOCIATION, INC.



FILED Jan 30, 2003 8:00 am **Secretary of State**

01-30-2003 90137 016 ****61.25

90013885



2. Principa	al Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59 -	1288720	Applied For Not Applicable		
Zip Country		Zip	Country	5. Certificate of State	5. Certificate of Status Desired			
	6. Name and Address of Curre	nt Registered Agent		7. Name and Addre	ss.of New Registered Ag	ent		
ソの代例 VORE, EDWARD 110 VISTA HERMOSA CIRCLE 106B SARASOTA FL 34242				Street Address (P.O. Box Number is Not Acceptable)				
8. The abo	ove named entity submits this statement gations of registered agent.	for the purpose of changi	ing its registered office or re	gistered agent, or both, in the	FL e State of Florida. I am fan	Zip Code		
SIGNATUR					·			
	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Registered Agent signature i	equired when reinstating)	DATE			
FILE NOW: FEE IS \$61.25		,	on Campaign Financing und Contribution.	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State			
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRE	CTORS IN 10		
TITLE	PVD	⊠ Delete	TITLE	D D. A. CO.	<u> </u>	XChange ☐ Addition		

				:				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	PVD "	⊠ Delete	TITLE	10		Change	☐ Addition	
NAME	MOHNEY, ROBERT		NAME	MOHNEY ROBE	RT API		 	
STREET ADDRESS	730-21 WINDWARD DRIVE		STREET ADDRESS	110 VISTA HERMOSI	4 CIRCLE TIL	AD AD		
CITY-ST-ZIP	AURORA OH 44202		CITY-ST-ZIP	SARASOTA, FL 3	4242			
TITLE	PD	Delete	TITLE	√/D		☐ Change	Addition	
NAME	DESSBERG, VINCENT	•-	NAME	WISNER, BET	14			
STREET ADDRESS	6727 MIDNIGHT PASS RD., #11DA		STREET ADDRESS	107 VISTA HERM	OSA CIRCLIE			
CITY-ST-ZIP	SARASOTA FL 34242		CITY-ST-ZĪP	SARASOTA, PL	54242			
TITLE	VPD	Delete	TITLE	V/ D '		☐ Change	Addition	
NAME	HAZEL, MARGARET		NAME	GUIRE, ELEN	SORTE	1077.	ì	
STREET ADDRESS	5100 HIGHBRIDGE STREET 26 F		STREET ADDRESS	ILL VISTA HERMO	SA CIRCLE	W1 210C		
CITY-ST-ZIP	FAYETTEVILLE NY 13066		CITY-ST-ZIP	SARASOTA, FL	34242			
TITLE	SD	☐ Delete	TITLE			☐ Change	Addition	
NAME	PELOQUIN, BARBARA		NAME				ļ	
STREET ADDRESS	9492 W GOLFVIEW DRIVE		STREET ADDRESS	•				
CITY-ST-ZIP	FRANKFORT IL 60423		CITY-ST-ZIP	·				
TITLE	TD	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	YORE, EDWARD		NAME				:	
STREET ADDRESS	110 VISTA HERMOSA CIRCLE #106B		STREET ADDRESS					
CITY-ST-ZIP	SARASOTA FL 34242		CITY-ST-ZIP	<u> </u>				
TITLE		☐ Delete	TITLE	1		☐ Change	☐ Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

941-349-3434