FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:25

DOCUMENT # **725521** **(9)**

1. Corporation Name

MIAMI SHORES CONDOMINIUM ASSOCIATION INC

Principal Place of Business	Mailing Address
9022 N.E. 8TH AVE. MIAMI SHORES FL 33138-9099	9022 N.E. 8TH AVE. MIAMI SHORES FL 33138-9099

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/12/1973
3a. Date of Last Report: 05/11/1994
4. FEI Number: 59-1484538 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RYON,KIRK
9020 N.E. 8TH AVE.
MIAMI SHORES FL 33138

10. Name and Address of New Registered Agent

81 Name: William Bergeron
82 Street Address (P.O. Box Number is Not Acceptable): 9020 NE 9 Ave
83
84 City: MIAMI SHORES FL 85 Zip Code: 33139

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 6/1/95
(Signature, type or print name of individual agent and, if agent is...) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE	William Bergeron Pres. PD	☐ Change ☐ Addition
NAME	MCNAB, MELANIE	12 NAME		
STREET ADDRESS	9022 NE 8TH AVE	13 STREET ADDRESS	9022 NE 9 AVE	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	MIAMI SHORES, FL. 33139	
TITLE	VD	21 TITLE	VP VPD	☒ Change ☐ Addition
NAME	BERGERON, DONALD	22 NAME	Robert Weller	
STREET ADDRESS	9022 NE 8TH AVE	23 STREET ADDRESS	9022 NE 9 AVE	
CITY ST ZIP	MIAMI SHORES FL	24 CITY ST ZIP	MIA, FL. 33138	
TITLE	TD	31 TITLE	TD	☒ Change ☐ Addition
NAME	RYON,KIRK	32 NAME	Matthew Whittaker	
STREET ADDRESS	9020 N.E. 8TH AVE.	33 STREET ADDRESS	9020 NE 9 AVE	
CITY ST ZIP	MIAMI SHORES FL	34 CITY ST ZIP	MIAMI SHORES, FL. 33138	
TITLE	PD	41 TITLE		☐ Change ☐ Addition
NAME	ERNST, DONALD	42 NAME		
STREET ADDRESS	9022 N.E. 8TH AVE.	43 STREET ADDRESS		
CITY ST ZIP	MIAMI SHORES FL	44 CITY ST ZIP		
TITLE	S	51 TITLE		☐ Change ☐ Addition
NAME	JONES, LORETTA	52 NAME		
STREET ADDRESS	9022 NE 8TH AVE	53 STREET ADDRESS		
CITY ST ZIP	MIAMI SHORES FL	54 CITY ST ZIP		
TITLE		61 TITLE	RESIGNED BY MAY 1	☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Matthew Whittaker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/95 (Date) (305) 895-7203 (Daytime Phone #)

0041906

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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
4/1/95
JUL 27 PM 9:32
STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 725713 (2)

Corporation Name
VISTA PALMS, INC.

000001547700
-07/27/95--01059--009
****155.00 ****155.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
315 ST ANDREWS BLVD VISTA PALMS - BLDG B NAPLES FL 33962-7603 US	315 ST ANDREWS BLVD VISTA PALMS - BLDG B NAPLES FL 33962-7603 US

1. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

3. Date Incorporated or Qualified: 03/05/1973
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-1746810 (Applied For / Not Applicable)
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~DAVIS, RICHARD L~~ ~~315 ST ANDREWS BLVD~~ ~~VISTA PALMS #B31~~ ~~NAPLES FL 33962~~ SMITH, WILLIAM F. 315 ST ANDREWS BLVD., VISTA PALMS #C28, NAPLES, FL. 33962	81 Name: WILLIAM F. SMITH 82 Street Address (P.O. Box Number is Not Acceptable): 315 ST. ANDREWS BLVD., 83 VISTA PALMS #C28, 84 City: NAPLES, FL 85 Zip Code: 33962

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: William F Smith — 7/20/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	EVERMAN, LEONARD
STREET ADDRESS	315 ST ANDREWS BLVD #D22
CITY-ST-ZIP	NAPLES FL
TITLE	DT
NAME	CARLETON, MARGUERITE
STREET ADDRESS	315 ST ANDREWS BLVD #B7
CITY-ST-ZIP	NAPLES FL
TITLE	DS
NAME	MUREN, JEAN
STREET ADDRESS	315 ST ANDREWS BLVD #D1
CITY-ST-ZIP	NAPLES FL
TITLE	DV
NAME	DAVIS, RICHARD
STREET ADDRESS	315 ST ANDREWS BLVD #B31
CITY-ST-ZIP	NAPLES FL
TITLE	D
NAME	KENNALLY, WM
STREET ADDRESS	315 ST ANDREWS BLVD #C27
CITY-ST-ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	T.S. 7/24/95

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DP	☒ Change ☐ Addition
1.2 NAME	SMITH, WILLIAM F.	
1.3 STREET ADDRESS	315 ST ANDREWS BLVD #C28	
1.4 CITY-ST-ZIP	NAPLES FL	
2.1 TITLE	DT	☒ Change ☐ Addition
2.2 NAME	MUREN, JEAN	
2.3 STREET ADDRESS	315 ST ANDREWS BLVD #D1	
2.4 CITY-ST-ZIP	NAPLES FL	
3.1 TITLE	DS	☒ Change ☐ Addition
3.2 NAME	ISRAEL, ANN	
3.3 STREET ADDRESS	315 ST ANDREWS BLVD #D4	
3.4 CITY-ST-ZIP	NAPLES FL	
4.1 TITLE	DV	☒ Change ☐ Addition
4.2 NAME	KENNALLY, WILLIAM	
4.3 STREET ADDRESS	315 ST ANDREWS BLVD #C27	
4.4 CITY-ST-ZIP	NAPLES FL	
5.1 TITLE	D	☒ Change ☐ Addition
5.2 NAME	HURLEY, LEE	
5.3 STREET ADDRESS	315 ST ANDREWS BLVD #A6	
5.4 CITY-ST-ZIP	NAPLES FL	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William F Smith — 7/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date