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Apr 20, 1999 8:00 am
Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730639

1. Corporation Name

VISTA DEL MAR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
13333 JOHNSON BCH RD.
PENSACOLA FL 32507

Mailing Address
13333 JOHNSON BCH RD.
PENSACOLA FL 32507



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/10/1974

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1596274

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NELSON, RONALD L.
517 E GOVERNMENT STR
PENSACOLA FL 32501

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **TISDALE, TYRON E**
STREET ADDRESS **111 HILLCREST DR.**
CITY-ST-ZIP **GREENVILLE AL 36037**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VP** ☐ DELETE
NAME **KOCH, DESPINA S**
STREET ADDRESS **1501 EAST 80TH**
CITY-ST-ZIP **INDIANAPOLIS IN 46240**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **S** ☒ DELETE
NAME **MALONE, WILLIAM T SR**
STREET ADDRESS **14 BISHOPS COURT**
CITY-ST-ZIP **PITTSFORD NY 14534**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **Suzanne Beaman**
3.3 STREET ADDRESS **2590 C.R. 48**
3.4 CITY-ST-ZIP **Auburn IN 46706**

TITLE **T** ☒ DELETE
NAME **TAYLOR, FRANK G**
STREET ADDRESS **149 SERVICE RD**
CITY-ST-ZIP **LAUREL MS 39440**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **James M. Deason**
4.3 STREET ADDRESS **13333 Johnson Beach Rd # 805**
4.4 CITY-ST-ZIP **Pensacola FL 32507**

TITLE **D** ☐ DELETE
NAME **BUENETT, HOWARD R**
STREET ADDRESS **12715 ST CLAIR DR**
CITY-ST-ZIP **LOUISVILLE KY 40243**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **Burnett, Howard R.**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **ALLEN, CHESTER J**
STREET ADDRESS **13333 JOHNSON BEACH RD, #506**
CITY-ST-ZIP **PENSACOLA FL 32507**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **S**
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

TYRON TISDALE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-99
850-492-0211

CR2E037 (11/98)