

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730639

1. Entity Name

VISTA DEL MAR CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90005 001 \*\*\*\*61.25

Principal Place of Business

Mailing Address

13333 JOHNSON BCH RD.  
PENSACOLA FL 32507

13333 JOHNSON BCH RD.  
PENSACOLA FL 32507-9632

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1596274**

Applied For  
Not Applicable

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



DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

NELSON, RONALD L  
517 E GOVERNMENT STR  
PENSACOLA FL 32501

Name

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **BEAMAN, SUZANNE**  
STREET ADDRESS **2590 CR 68**  
CITY-ST-ZIP **AUBURN IN 46706**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☒ Delete  
NAME **DEASON, JAMES M**  
STREET ADDRESS **13333 JOHNSON BCH RD #805**  
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **T** ☐ Change ☒ Addition  
NAME **Wells, Gerald D.**  
STREET ADDRESS **8803 Penington Drive**  
CITY-ST-ZIP **Louisville, KY 40222**

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☒ Delete  
NAME **ALLEN, CHESTER J**  
STREET ADDRESS **13333 JOHNSON BEACH RD, #506**  
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **S** ☐ Change ☒ Addition  
NAME **PICKETT III, William H.**  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE OF REGISTERED PRESIDENT, 5/24/00 850-492-0211**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)