

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738559

1. Entity Name

VISTA OAKS HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90028 005 ****61.25

Principal Place of Business

Mailing Address

4020 VISTA OAKS CIR. NE
 PALM BAY FL 32905

4020 VISTA OAKS CIR. NE
 PALM BAY FL 32905-3105

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

59-1890615

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

POWELL, JOHN
 3711 VISTA OAKS CR NE
 PALM BAY FL 32905

Name **JUDY LEADER**
 Street Address (P.O. Box Number is Not Acceptable)

1614 VISTA OAKS CIRCLE NE
 City **PALM BAY** FL **32905**

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

Judy Leader

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

(NOTE: Registered Agent signature required when reinstating)

3/21/00
 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	PD	<input checked="" type="checkbox"/> Delete
NAME	POWELL, JOHN	
STREET ADDRESS	3711 VISTA OAKS CIR NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEEMS, RICHARD	
STREET ADDRESS	1511 VISTA OAKS CIR NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	PRIDGEN, JIM	
STREET ADDRESS	1711 VISTA OAKS CIRCLE NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LEADER, JUDY	
STREET ADDRESS	1614 VISTA OAKS CIR NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	KLICK, MICHELLE	
STREET ADDRESS	3313 VISTA OAKS CIR NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUDY LEADER	
STREET ADDRESS	1614 VISTA OAKS CIRCLE	
CITY-ST-ZIP	PALM BAY FL. 32905	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAYNE SALVO	
STREET ADDRESS	3515 VISTA OAKS CIRCLE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONRAD BONDE	
STREET ADDRESS	2915 VISTA OAKS CIRCLE NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL DEMANZO	
STREET ADDRESS	3517 VISTA OAKS CIR NE	
CITY-ST-ZIP	PALM BAY, FL 32905	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 I am empowered.

SIGNATURE

Judy Leader

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)