2002 UNIFORM BUSINESS REPORT (UBR)

Apr 07, 2002 8:00 am DOCUMENT # **738559 Secretary of State** 1. Entity Name 04-07-2002 90047 047 ****61.25 VISTA OAKS HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 4020 VISTA OAKS CIR. NE 4020 VISTA OAKS CIR. NE PALM BAY FL 32905 PALM BAY FL 32905 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1890615 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEADER, JUDY Street Address (P.O. Box Number is Not Acceptable) 1614 VISTA OAKS CIR NE PALM BAY FL 32905 City 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE Change ☐ Addition LEADER. JUDY NAME STREET ADDRESS 1614 VISTA OAKS CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32905 TITLE TITLE **20**V Delete arry ☐ Change **X**Addition SALVO, JAYNE Vista Oaks Circle nE NAME STREET ADDRESS |3515 VISTA OAKS CIRCLE STREET ADDRESS Jalm Bay 71, 32905 CITY-ST-ZIP PALM BAY FL 32905 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME MCEYVEN, PATRICIA NAME STREET ADDRESS 1014 VISTA OAKS CIRCLE STREET ADDRESS CITY-ST-ZIP PALM BAY FL 32905 CITY-ST-ZIP TITLE **X**Delete TITLE ☐ Change Addition NAME DEMARZO, BILL NAME STREET ADDRESS 3517 VISTA OAKS CIR NE STREET ADDRESS CITY-ST-ZIP PALM BAY FL 32905 CITY-ST-ZIP TITLE TITLE S Delete Mimi Decker LORD, JAN NAME NAME 3418 Vista Oaks Ciacle ME STREET ADDRESS 2713 VISTA OAKS CIRCLE STREET ADDRESS Falm Bay 71- 32905 CITY-ST-ZIE PALM BAY FL 32905 CITY-ST-ZIP Laurie Lind TITLE TITLE Change Addition 1614 Vista Oaks Circle NAME NAME 2717 Vista Ooks Cir NE STREET ADDRESS STREET ADDRESS Palm Bay FL 32905 CITY-ST-ZIP 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