2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 738559

1. Entity Name

VISTA OAKS HOMEOWNERS ASSOCIATION, INC.



FILED Mar 31, 2003 8:00 am Secretary of State

03-31-2003 90118 038 ****61.25

Principal Pla	ce of Business	Mailing Address		7				
4020 VISTA OAKS CIR. NE PALM BAY FL 32905		4020 VISTA OAKS CIR. NI PALM BAY FL 32905	4020 VISTA OAKS CIR. NE PALM BAY FL 32905					
2 Principal	Place of Pusings	O Mailing Address						
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. FEI Number 59-1890615		oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of Si	tatus Desired	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
	was to the second	and the second second	Name	والمراجع والمراجع المجارات	مستده بمتدرر سد		· ,	
LEADER, 1614 VIS	, JUDY STA OAKS CIR NE		Street Address	Street Address (P.O. Box Number is Not Acceptable)				
PALM BA	AY FL 32905							
			City			Zip Cod	e	
8. The above	e named entity submits this state	ment for the purpose of changing its	registered office or registe	ered agent, or both, in	the State of Florida.	am familiar with,	and accept	
the obliga	ations of registered agent.							
SIGNATURE	Signature, typed or printed name of register	red agent and title if applicable. (NOT	E: Registered Agent signature require	ed when reinstating)	DA	TE		
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	FILE NOW: FEE IS \$61.2	9. Election Ca	mpaign Financing	\$5.00 May Be	Make Ch	eck Payable	to	
	1122 11011.	Trust Fund (Contribution.	Added to Fees	Florida De	partment of S	State \	
10.	OFFICERS A	AND DIRECTORS	1 11, .	ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	110	
TITLE	D	Delete	TIT) I.		LS TO OFFICERS AND	Change	Addition	
NAME	LEADER, JUDY	2000	NAME D JE	EFF GILL			X	
STREET ADDRESS	1614 VISTA OAKS CIR		STREET ADDRESS 4 (OAKS CIRCL	E NE		
CITY-ST-ZIP	PALM BAY FL 32905		CITY-ST-ZIP PA	ALM BAY, F	L ≈ 32905			
TITLE	DV	☐ Delete	TITLE VP/D LA	ARRY FINCH		Change	Addition	
NAME	FINCH, LARRY				OAKS CIRCL	E NE		
STREET ADDRESS	2014 VISTA OAKS CIRCLE	NE	STREET ADDRESS PA	ALM BAY, F				
CITY-ST-ZIP	PALM BAY FL 32905		CITY-ST-ZIP					
TITLE	PD	Delete	TITLE		مستهري منفر الدالية	Change	Addition	
NAME	MCEYVEN, PATRICIA		NAME					
STREET ADDRESS CITY-ST-ZIP	1		STREET ADDRESS CITY-ST-ZIP					
	PALM BAY FL 32905		G111-31-21F				Addition	
TITLE	1 T	5 □ 5.4.	*171 F				I LANGITION	
NAME	LIND LAURIE R	☐ Delete	TITLE			☐ Change		
	T LIND, LAURIE B 2717 VISTA OAKS CIRCLE		NAME			∐ Change		
STREET ADDRESS	2717 VISTA OAKS CIRCLE					∐ Change		
STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	N I OPD				
STREET ADDRESS CITY-ST-ZIP TITLE	2717 VISTA OAKS CIRCLE PALM BAY FL 32905		NAME STREET ADDRESS CITY-ST-ZIP TITLE S JAI	N LORD	AKS CIFCIF	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	2717 VISTA OAKS CIRCLE PALM BAY FL 32905 S	□ X Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE S JAI NAME 2.7	13 VISTA C	AKS CIECLE	☐ Change		
STREET ADDRESS CITY-ST-ZIP TITLE NAME	2717 VISTA OAKS CIRCLE PALM BAY FL 32905 S DECKER, MIMI	□ X Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE S JAI NAME 2.7			☐ Change		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	2717 VISTA OAKS CIRCLE PALM BAY FL 32905 S DECKER, MIMI 3418 VISTA OAKS CIRCLE	□ X Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE S NAME STREET ADDRESS CITY-ST-ZIP PA	!3 VISTA C LM BAY, FL	3290 <i>5</i>	☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	2717 VISTA OAKS CIRCLE PALM BAY FL 32905 S DECKER, MIMI 3418 VISTA OAKS CIRCLE	© Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE S NAME STREET ADDRESS CITY-ST-ZIP TITLE D MIC	!3 VISTA C LM BAY, FL CHAEL DAGL	:: 32905 : EY	☐ Change NE ☐ Change		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	2717 VISTA OAKS CIRCLE PALM BAY FL 32905 S DECKER, MIMI 3418 VISTA OAKS CIRCLE	© Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE S NAME 2.7 STREET ADDRESS CITY-ST-ZIP TITLE D NAME STREET ADDRESS 3.7 13	!3 VISTA C LM BAY, FL CHAEL DAGL	EY AKS CIRCLE	☐ Change NE ☐ Change	☐ Addition	

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