

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMARA H. ALVAREZ
Secretary of State
CORPORATION DIVISION

FILED
SECRETARY OF STATE
CORPORATIONS

95 MAY -1 PM 1:14

DOCUMENT # **750353** (5)
VISTA OAKS WEST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business: 100 VISTA ROYALE BLVD VERO BEACH FL 32962
Mailing Address: 100 VISTA ROYALE BLVD VERO BEACH FL 32962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/26/1979
3a. Date of Last Report: 04/14/1994

4. FEI Number: 59-1981237
Applied For: Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite Apt # etc: 22
City & State: 23
Zip: 24 Country: 25
City & State: 27
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
JACOBUS, BRUCE W., P.A.
47 WEST NEW HAVEN AVENUE SUITE 200
MELBOURNE 32901

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code

I, pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office, 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 607.0505, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE: -P- NAME: THIELE, RAYMOND J STREET ADDRESS: 1515 PATTY CIR NE CITY, ST, ZIP: PALM BAY FL	11 TITLE: V. Pres./Director 12 NAME: Thiele, Raymond J 13 STREET ADDRESS: 1515 Patty Cir NE 14 CITY, ST, ZIP: Palm Bay FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: -VP NAME: COOK, EARL R STREET ADDRESS: 1917 JOSHUA DR NE CITY, ST, ZIP: PALM BAY FL	21 TITLE: President/Director 22 NAME: Cook, Earl R 23 STREET ADDRESS: 1917 Joshua Dr NE 24 CITY, ST, ZIP: Palm Bay FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D NAME: MUNROE, ALLAN R STREET ADDRESS: 2214 JOSHUA DR NE CITY, ST, ZIP: PALM BAY FL	31 TITLE: Treasurer/Director 32 NAME: Munroe, Allan R 33 STREET ADDRESS: 2214 Joshua Dr NE 34 CITY, ST, ZIP: Palm Bay FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: -DT NAME: MEYERS, MARK F.- STREET ADDRESS: 1915 PATTY CIRCLE NE CITY, ST, ZIP: PALM BAY FL	41 TITLE: Secretary/Director 42 NAME: Georgia A. Kauffman 43 STREET ADDRESS: 3115 Kaileen Circle NE 44 CITY, ST, ZIP: Palm Bay FL 32905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: -DS NAME: MCKEENAN, GERALDINE- STREET ADDRESS: 4519 KAILEEN CIR --- CITY, ST, ZIP: PALM BAY FL ---	51 TITLE: Director 52 NAME: David Warren 53 STREET ADDRESS: 2775 Margaret St NE 54 CITY, ST, ZIP: Melbourne FL 32902	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	61 TITLE: _____ 62 NAME: _____ 63 STREET ADDRESS: _____ 64 CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 of this filing, or on an attachment with an address.

SIGNATURE: *Georgia A. Kauffman*
SECRETARY
4/5/95 (407) 723-2522
GEORGIA A. KAUFFMAN