

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750353 (5)

1. Corporation Name

VISTA OAKS WEST HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

100 VISTA ROYALE BLVD
VERO BEACH FL 32962

100 VISTA ROYALE BLVD
VERO BEACH FL 32962

3. Date Incorporated or Qualified 12/26/1979
3a. Date of Last Report 05/01/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number 59-1981237
Applied For Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

22

27

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

City & State

City & State

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

23

28

Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEALY, PATRICK F ESQ.
700 S. BABCOCK ST.
SUITE 400
MELBOURNE FL 32901

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	THIELE, RAYMOND J	
STREET ADDRESS	1515 PATTY CIR NE	
CITY - ST - ZIP	PALM BAY FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	COOK, EARL R	
STREET ADDRESS	1917 JOSHUA DR NE	
CITY - ST - ZIP	PALM BAY FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MUNROE, ALLAN R	
STREET ADDRESS	2214 JOSHUA DR NE	
CITY - ST - ZIP	PALM BAY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KAUFFMAN, GEORGE A.	
STREET ADDRESS	3115 KALEEN CIRCLE NE	
CITY - ST - ZIP	PALM BAY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WARREN, DAVID	
STREET ADDRESS	2775 MARGARET ST. NE	
CITY - ST - ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Glenn McKibben	
1.3 STREET ADDRESS	2111 Joshua Dr. NE	
1.4 CITY - ST - ZIP	Palm Bay FL 32905	
2.1 TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Potts, Calvin R.	
2.3 STREET ADDRESS	1911 Joshua Dr. NE	
2.4 CITY - ST - ZIP	Palm Bay FL 39205	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 indicated 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 if changed, or on an attachment with an address.

SIGNATURE:

David Warren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96 409/957-2323
DATE Telephone #

CR2E037 (12/95)