


FILE NOW: FILING FEE IS \$61.25

FILED

**May 06 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 100 VISTA ROYALE BLVD VERO BEACH FL 32962	Mailing Address 100 VISTA ROYALE BLVD VERO BEACH FL 32962-3732
---	--

3. Date Incorporated or Qualified 12/26/1979	3a. Date of Last Report 04/15/1996
--	--

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. 2121 Dan Ct. NE	26 Suite, Apt. #, etc.
22 City & State Palm Bay, FL	27 City & State
23 Zip 32905	28 Country
24	25
29	30

4. FEI Number 59-1981237	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCKIBBEN, GLENN 2111 JOSHUA DR NE PALM BAY FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT POTTS, CALVIN R 1911 JOSHUA DR NE PALM BAY FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNROE, ALLAN R 2214 JOSHUA DR NE PALM BAY FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAUFFMAN, GEORGE A. 3115 KALEEN CIRCLE NE PALM BAY FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WARREN, DAVID 2775 MARGARET ST. NE MELBOURNE FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D McHugh, Thomas 1715 Joshua Dr. NE Palm Bay FL 32905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D/P Cook, Earl R. 1917 Joshua Dr. NE Palm Bay FL 32905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 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.

CR2E037 (9/96)