

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90404 033 ****61.25

DOCUMENT # 750353

1. Entity Name

VISTA OAKS WEST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2121 DAN CT NE
 PALM BAY FL 32905
 US

100 VISTA ROYALE BLVD
 VERO BEACH FL 32962-3750

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1981237

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **JAY STEVEN LEVINE, P.A.**

Street Address (P.O. Box Number is Not Acceptable)
2500 N. MILITARY TRAIL

SUITE 275

City **BOCA RATON**

FL

Zip Code **33431**

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

Jay Steven Levine

3-27-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DVP DP** Delete
 NAME **MCKIBBEN, GLENN**
 STREET ADDRESS **2111 JOSHUA DR NE**
 CITY-ST-ZIP **PALM BAY FL 32905**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DP DVP** Delete
 NAME **FEAZELL, BERNARD**
 STREET ADDRESS **1917 KAILEEN CIR, NE**
 CITY-ST-ZIP **PALM BAY FL 32905**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS DT** Delete
 NAME **MUNROE, ALLAN R**
 STREET ADDRESS **2214 JOSHUA DR NE**
 CITY-ST-ZIP **PALM BAY FL 32905**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MCHUGH, THOMAS**
 STREET ADDRESS **1715 JOSHUA DR NE**
 CITY-ST-ZIP **PALM BAY FL 32905**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DP** Delete
 NAME **COOK, EARL R**
 STREET ADDRESS **1917 JOSHUA DR NE**
 CITY-ST-ZIP **PALM BAY FL**

TITLE **DS** Change Addition
 NAME **STEPHANIE BOUCHER**
 STREET ADDRESS **2115 JOSHUA DR, NE**
 CITY-ST-ZIP **PALM BAY FL 32905**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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:

Signature of Glenn McKibben

3-23-00

(321) 722-2119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)