


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90121 022 \*\*\*\*61.25

<b>DOCUMENT # 750353</b>							
1. Entity Name VISTA OAKS WEST HOMEOWNERS ASSOCIATION, INC.							
Principal Place of Business 2121 DAN CT NE PALM BAY, FL 32905 US			Mailing Address 100 VISTA ROYALE BLVD VERO BEACH, FL 32962				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-1981237			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
LEVINE, JAY S PA 2500 N MILITARY TRL SUITE <del>275</del> 490 BOCA RATON, FL 33431			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
			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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MCKIBBEN, GLENN		NAME	MILLER, ANNE G.			
STREET ADDRESS	2111 JOSHUA DR NE		STREET ADDRESS	2513 KAILEEN CIR. NE			
CITY-ST-ZIP	PALM BAY, FL		CITY-ST-ZIP	PALM BAY, FL 32905			
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FEAZELL, BERNARD		NAME	CARTER, LORETTA			
STREET ADDRESS	1917 KAILEEN CIR, NE		STREET ADDRESS	1515 JOSHUA DR. NE			
CITY-ST-ZIP	PALM BAY, FL 32905		CITY-ST-ZIP	PALM BAY, FL 32905			
TITLE	<del>DP</del> DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCKEEHAN, GERALDINE		NAME				
STREET ADDRESS	4513 KAILEEN CIRCLE NE		STREET ADDRESS				
CITY-ST-ZIP	PALM BAY, FL 32905		CITY-ST-ZIP				
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MCHUGH, THOMAS		NAME	BENTLEY, RICHARD			
STREET ADDRESS	1715 JOSHUA DR NE		STREET ADDRESS	1713 KAILEEN CIR. NE			
CITY-ST-ZIP	PALM BAY, FL		CITY-ST-ZIP	PALM BAY, FL 32905			
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MCHUGH, THOMAS		NAME	ZAYAS, BARBARA			
STREET ADDRESS	1715 JOSHUA DRIVE NE		STREET ADDRESS	4515 KAILEEN CIRCLE NE			
CITY-ST-ZIP	PALM BAY, FL 32905		CITY-ST-ZIP	PALM BAY, FL 32905			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Geradine McKeever</u> PRES.			3-30-06 (321) 725-6953				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #				