

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

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1. Corporation Name

VISTA DE ORO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

5901 SUN BLVD.
STE. 203
ST PETERSBURG FL 33715
US

Mailing Address

5901 SUN BLVD.
STE. 203
ST PETERSBURG FL 33715
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

07/15/1980

4. FEI Number

59-2094286

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

NEWTON, WILLIAM C.
5901 SUN BLVD STE 200
ST.PETERSBURG FL 33715

10. Name and Address of New Registered Agent

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

TITLE **TD** ☐ DELETE

NAME **WATERHOUSE, DALE**
STREET ADDRESS **5901 SUN BLVD, STE 203**
CITY-ST-ZIP **ST PETE FL**

TITLE **DP** ☐ DELETE

NAME **WEBER, ROBERT**
STREET ADDRESS **5901 SUN BLVD - STE 203**
CITY-ST-ZIP **ST. PETE FL**

TITLE **D** ☐ DELETE

NAME **DOWNING, MARGARET**
STREET ADDRESS **5901 SUN BLVD . 203**
CITY-ST-ZIP **ST PETERSBURG, FL 00000**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VP/1** ☒ Change ☐ Addition

1.2 NAME **DALE WATERHOUSE**
1.3 STREET ADDRESS **5901 SUN BLVD #203**
1.4 CITY-ST-ZIP **ST PETERSBURG, FL 33715**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **S** ☒ Change ☐ Addition

3.2 NAME **MARGARET DOWNING**
3.3 STREET ADDRESS **5901 SUN BLVD #203**
3.4 CITY-ST-ZIP **ST. PETERSBURG, FL 33715**

4.1 TITLE **D** ☐ Change ☒ Addition

4.2 NAME **STEPHEN SCHNEIDER**
4.3 STREET ADDRESS **5901 SUN BLVD #203**
4.4 CITY-ST-ZIP **ST PETERSBURG, FL 33715**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
3/3/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)