

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:45

DOCUMENT # 753465 (4)
1. Corporation Name

VISTA BAY CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1911 VISTA BAY DRIVE INDIAN SHORES FL 34635
19111 VISTA BAY DR MANAGER'S OFFICE INDIANSHORES FL 34635 US

3. Date Incorporated or Qualified 07/24/1980 3a. Date of Last Report 03/30/1994
4. FEI Number 59-2446132 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
CREEDON, BOB
19111 VISTA BAY DR #304
INDIAN SHORES FL 34635

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE PD
NAME CREEDON, BOB
STREET ADDRESS 19111 VISTA BAY DR #507
CITY - ST - ZIP INDIAN SHORES FL
TITLE SD
NAME MASTERS, SUSAN
STREET ADDRESS 19111 VISTA BAY DR #409
CITY - ST - ZIP INDIAN SHORES FL
TITLE D
NAME RUDD, MICHAEL ZILAVETZ, STEVE
STREET ADDRESS 19111 VISTA BAY DR #507 412
CITY - ST - ZIP INDIAN SHORES FL
TITLE D
NAME CREEDON, CARLOE CAROLE
STREET ADDRESS 19111 VISTA BAY DR #507
CITY - ST - ZIP INDIAN SHORES FL
TITLE VD
NAME MASTERS, NEAL
STREET ADDRESS 19111 VISTA BAY DR #311
CITY - ST - ZIP INDIAN SHORES FL
TITLE TD
NAME RENDER, ANN
STREET ADDRESS 19111 VISTA BAY DR #615
CITY - ST - ZIP INDIAN SHORES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(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: Robert J. Creedon (Type name of signing officer or director) Date: _____ (Type date)