

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 753465 (4)**  
1. Corporation Name  
**VISTA BAY CONDOMINIUM ASSOCIATION, INC.**



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

3. Date Incorporated or Qualified **07/24/1980** 3a. Date of Last Report **02/21/1995**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	4. FEI Number <b>59-2446132</b> Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
25 Country	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**CREEDON, BOB**  
**1911 VISTA BAY DR #304**  
**INDIAN SHORES FL 34635**

**10. Name and Address of New Registered Agent**

81 Name **NEAL MASTERS**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1911 VISTA BAY DRIVE # 409**  
83  
84 City **INDIAN SHORES** FL 85 Zip Code **34635**

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 *Neal Masters* **NEAL MASTERS PRESIDENT CONDO ASSOCIATION**  
Signature, typed by printed name of registered agent and the filer if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CREEDON, BOB</b> <b>1911 VISTA BAY DR #507</b> <b>INDIAN SHORES FL</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>P</b> 1.2 NAME <b>NEAL MASTERS</b> 1.3 STREET ADDRESS <b>1911 VISTA BAY DRIVE # 409</b> 1.4 CITY-ST-ZIP <b>INDIAN SHORES FL 34635</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SB-TREASURER</b> <b>MASTERS, SUSAN</b> <b>1911 VISTA BAY DR #409</b> <b>INDIAN SHORES FL</b> <input type="checkbox"/> DELETE	2.1 TITLE <b>V</b> 2.2 NAME <b>VICE PRESIDENT VD</b> 2.3 STREET ADDRESS <b>JOHN SARNESE</b> 2.4 CITY-ST-ZIP <b>1911 VISTA BAY DRIVE # 207</b> <b>INDIAN SHORES, FL. 34635</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ZILAVETZ, STEVE</b> <b>1911 VISTA BAY DR #412</b> <b>INDIAN SHORES FL</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>S</b> 3.2 NAME <b>SECRETARY SD</b> 3.3 STREET ADDRESS <b>JANIS FRY</b> 3.4 CITY-ST-ZIP <b>1911 VISTA BAY DRIVE # 310</b> <b>INDIAN SHORES FL 34635</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CREEDON, CAROLE</b> <b>1911 VISTA BAY DR #507</b> <b>INDIAN SHORES FL</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>D</b> 4.2 NAME <b>DIRECTOR D</b> 4.3 STREET ADDRESS <b>ORINNE W. WEAKE</b> 4.4 CITY-ST-ZIP <b>1911 VISTA BAY DRIVE # 613</b> <b>INDIAN SHORES, FL 34635</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>MASTERS, NEAL</b> <b>1911 VISTA BAY DR #311</b> <b>INDIAN SHORES FL</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>RENDER, ANN</b> <b>1911 VISTA BAY DR #615</b> <b>INDIAN SHORES FL</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE 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 119.07(3)(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: *Neal Masters* **NEAL MASTERS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **(813) 594-0511**  
Daytime Phone #

CR2E037 (12/95)