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 Apr 09 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 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 33785-2140 US

3. Date Incorporated or Qualified 07/24/1980  
 3a. Date of Last Report 04/05/1996

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

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  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
 MASTERS, NEAL  
 1911 VISTA BAY DRIVE  
 SUITE 409  
 INDIAN SHORES FL 34635

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	P (PRESIDENT) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASTERS, NEAL	1.2 NAME	SAME
STREET ADDRESS	1911 VISTA BAY DRIVE #409	1.3 STREET ADDRESS	SAME
CITY-ST-ZIP	INDIAN SHORES FL	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	D (DIRECTOR) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASTERS, SUSAN	2.2 NAME	SAME
STREET ADDRESS	1911 VISTA BAY DR #409	2.3 STREET ADDRESS	SAME
CITY-ST-ZIP	INDIAN SHORES FL	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T (TREASURER) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRY, JANIS	3.2 NAME	JOAN ROBINSON
STREET ADDRESS	1911 VISTA BAY DRIVE #310	3.3 STREET ADDRESS	1911 VISTA BAY DRIVE #608
CITY-ST-ZIP	INDIAN SHORES FL	3.4 CITY-ST-ZIP	INDIAN SHORES FL 33785
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	S (SECRETARY) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEARE, ORINNE G.	4.2 NAME	SAME
STREET ADDRESS	1911 VISTA BAY DRIVE #613	4.3 STREET ADDRESS	SAME
CITY-ST-ZIP	INDIAN SHORES FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	V (VICE PRESIDENT) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARNESE, JOHN	5.2 NAME	SAME
STREET ADDRESS	1911 VISTA BAY DRIVE #207	5.3 STREET ADDRESS	SAME
CITY-ST-ZIP	INDIAN SHORES FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D (DIRECTOR) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	THOMAS KEARNEY
STREET ADDRESS		6.3 STREET ADDRESS	1911 VISTA BAY DRIVE #611
CITY-ST-ZIP		6.4 CITY-ST-ZIP	INDIAN SHORES FL 33785

14. I do 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.

SIGNATURE: V [Signature] MASTERS 4/12/97 813591-NEAL

CR2E037 (9/96)

VISTA BAY CONDOMINIUM ASSN  
19111 VISTA BAY DRIVE  
INDIAN SHORES FL 33785

# 13 ADDITIONS/CHANGES TO OFFICERS & DIRECTORS

1 TITLE D (DIRECTOR)  CHANGE  ADDITION  
1.2 NAME ROBERT CREEDON  
1.3 STREET ADDRESS 19111 VISTA BAY DRIVE #507  
1.4 CITY-ST-ZIP INDIAN SHORES FL 33785

THE ABOVE NAMED PERSON IS AN ADDITIONAL  
DIRECTOR OF VISTA BAY CONDOMINIUM ASSOC. INC.