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Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 753465 (4)

1. Corporation Name

VISTA BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

19111 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

4. FEI Number

59-2446132

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 19111 VISTA BAY DRIVE

26 19111 VISTA BAY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 MANAGER'S OFFICE

City & State

City & State

23 INDIAN SHORES FL

28 INDIAN SHORES FL

Zip

Country

Zip

Country

24 33785

25 USA

29 33785

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MASTERS, NEAL
19111 VISTA BAY DRIVE
SUITE 400
INDIAN SHORES FL 34635 NEW →

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

33785

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

4-1-98

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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME PD
STREET ADDRESS 19111 VISTA BAY DRIVE #409
CITY-ST-ZIP INDIAN SHORES FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE DIRECTOR (D) ☒ Change ☐ Addition

NAME MASTERS, SUSAN
STREET ADDRESS 19111 VISTA BAY DR #409
CITY-ST-ZIP INDIAN SHORES FL

2.2 NAME MASTERS SUSAN
2.3 STREET ADDRESS 19111 VISTA BAY DR #409
2.4 CITY-ST-ZIP INDIAN SHORES FL 33785

TITLE ☐ DELETE

3.1 TITLE TREASURER (T) ☒ Change ☐ Addition

NAME ROBINSON, JAMES JOAN
STREET ADDRESS 19111 VISTA BAY DR #608
CITY-ST-ZIP INDIAN SHORES FL

3.2 NAME ROBINSON JOAN
3.3 STREET ADDRESS 19111 VISTA BAY DR #608
3.4 CITY-ST-ZIP INDIAN SHORES FL 33785

TITLE ☐ DELETE

4.1 TITLE SECRETARY (S) ☒ Change ☐ Addition

NAME WEARE, ORINNE G.
STREET ADDRESS 19111 VISTA BAY DRIVE #613
CITY-ST-ZIP INDIAN SHORES FL

4.2 NAME WEARE ORINNE G.
4.3 STREET ADDRESS 19111 VISTA BAY DR #613
4.4 CITY-ST-ZIP INDIAN SHORES FL 33785

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME SARNESE, JOHN
STREET ADDRESS 19111 VISTA BAY DRIVE #207
CITY-ST-ZIP INDIAN SHORES FL

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☒ DELETE

6.1 TITLE DIRECTOR (D) ☐ Change ☒ Addition

NAME KEARNEY, THOMAS
STREET ADDRESS 19111 VISTA DR. #611
CITY-ST-ZIP INDIAN SHORES FL

6.2 NAME CREEDON ROBERT
6.3 STREET ADDRESS 19111 VISTA BAY DR #507
6.4 CITY-ST-ZIP INDIAN SHORES FL 33785

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, changed, or on an attachment with an address.

SIGNATURE: *Robert Creedon* ROBERT CREEDON 4-1-98 (813) 596-8009

CR2E037 (10/97)