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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 753465

1. Corporation Name

VISTA BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

19111 VISTA BAY DRIVE INDIAN SHORES FL 34635

Mailing Address

19111 VISTA BAY DR MANAGER'S OFFICE INDIANSHORES FL 34635 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 33785 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 33785 29 Country

3. Date Incorporated or Qualified

07/24/1980

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

9. Name and Address of Current Registered Agent

MASTERS, NEAL 19111 VISTA BAY DRIVE SUITE 409 INDIAN SHORES FL 34635 33785

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 PD [ ] DELETE

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

TITLE D [ ] DELETE

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

TITLE T [ ] DELETE

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

TITLE S [ ] DELETE

NAME WEARE, ORINNE G. STREET ADDRESS 19111 VISTA BAY DRIVE #613 CITY-ST-ZIP INDIAN SHORES FL 33785

TITLE VD [ ] DELETE

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

TITLE D [ ] DELETE

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

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 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:

NEAL MASTERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99 (727)596-8009

Date

Daytime Phone #

CR2E037 (11/98)