

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

0085923

DOCUMENT # 753465

1. Entity Name

VISTA BAY CONDOMINIUM ASSOCIATION, INC.

04-11-2001 90074 007 ****61.25

Principal Place of Business

19111 VISTA BAY DRIVE
 INDIAN SHORES FL 33785

Mailing Address

19111 VISTA BAY DR
 MANAGER'S OFFICE
 INDIANSHORES FL 33785
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2446132

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **JOAN E. ROBINSON**
 Street Address (P.O. Box Number is Not Acceptable)
19111 VISTA BAY DRIVE #608
 City **INDIAN SHORES** FL Zip Code **33785**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Joan E. Robinson, JOAN E. ROBINSON, TREASURER* DATE *April 6, 2001*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASTERS, NEAL 19111 VISTA BAY DRIVE #409 INDIAN SHORES FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASTERS, SUSAN 19111 VISTA BAY DR #409 INDIAN SHORES FL 33785	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBINSON, JOAN 19111 VISTA BAY DR #608 INDIAN SHORES FL 33785	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEARE, ORINNE G. 19111 VISTA BAY DRIVE #613 INDIAN SHORES FL 33785	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SARNESE, JOHN 19111 VISTA BAY DRIVE #207 INDIAN SHORES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREEDON, ROBERT 19111 VISTA BAY DR #507 INDIAN SHORES FL 33785	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBERT GREBLUNDAS 19111 VISTA BAY DRIVE #404 INDIAN SHORES FL 33785	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.D. JUDITH ERAS 19111 VISTA BAY DRIVE #210 INDIAN SHORES FL 33785	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert J Creedon* **ROBERT J CREEDON** 4-1-01 (727) 596-8009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)