


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90148 029 ****61.25

DOCUMENT # 753465		
1. Entity Name VISTA BAY CONDOMINIUM ASSOCIATION, INC.		
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		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country



1st MOORE- CR2E037 (10/05)

4. FEI Number 59-2446132		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROBINSON, JOAN E 19111 VISTA BAY DRIVE SUITE 608 INDIAN SHORES FL 33785		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	DEGROOT, ROBERT		NAME	PAULETTE SKIDGELL			
STREET ADDRESS	19111 VISTA BAY DR., #303		STREET ADDRESS	19111 VISTA BAY DR #201			
CITY-ST-ZIP	INDIAN SHORES FL 33785		CITY-ST-ZIP	INDIAN SHORES FL 33785			
TITLE	T	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	ROBINSON, JOAN		NAME	JOSEPH BARTUS			
STREET ADDRESS	19111 VISTA BAY DR #608		STREET ADDRESS	19111 VISTA BAY DR #510			
CITY-ST-ZIP	INDIAN SHORES FL 33785		CITY-ST-ZIP	INDIAN SHORES FL 33785			
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GRAS, JUDITH		NAME				
STREET ADDRESS	19111 VISTA BAY DRIVE #210		STREET ADDRESS				
CITY-ST-ZIP	INDIAN SHORES FL 33785		CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SARNESE, JOHN		NAME	JOHN SARNESE			
STREET ADDRESS	19111 VISTA BAY DRIVE #207		STREET ADDRESS	19111 VISTA BAY DR #207			
CITY-ST-ZIP	INDIAN SHORES FL 33785		CITY-ST-ZIP	INDIAN SHORES FL 33785			
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CREEDON, ROBERT		NAME				
STREET ADDRESS	19111 VISTA BAY DR #507		STREET ADDRESS				
CITY-ST-ZIP	INDIAN SHORES FL 33785		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WOOD, ROBERT		NAME				
STREET ADDRESS	19111 VISTA BAY DR #611		STREET ADDRESS				
CITY-ST-ZIP	INDIAN SHORES FL 33785		CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Joan Robinson JOAN ROBINSON (727) 517-9004