

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90026 043 ****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 - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

1st MOORE CR2E037 (10/07)

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

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: Joan E. Robinson, Treasurer **JOAN E. ROBINSON**
DATE: 3/21/08

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: D NAME: SKIDGELL, PAULETTE STREET ADDRESS: 19111 VISTA BAY DR #201 CITY-ST-ZIP: INDIAN ROCKS BEACH FL 33785	<input type="checkbox"/> Delete
TITLE: T NAME: ROBINSON, JOAN STREET ADDRESS: 19111 VISTA BAY DR #608 CITY-ST-ZIP: INDIAN SHORES FL 33785	<input type="checkbox"/> Delete
TITLE: SD NAME: GRAS, JUDITH STREET ADDRESS: 19111 VISTA BAY DRIVE #210 CITY-ST-ZIP: INDIAN SHORES FL 33785	<input checked="" type="checkbox"/> Delete
TITLE: VD NAME: SARNESE, JOHN STREET ADDRESS: 19111 VISTA BAY DR 207 CITY-ST-ZIP: INDIAN SHORES FL 33785	<input type="checkbox"/> Delete
TITLE: D NAME: CREEDON, ROBERT STREET ADDRESS: 19111 VISTA BAY DR #507 CITY-ST-ZIP: INDIAN SHORES FL 33785	<input type="checkbox"/> Delete
TITLE: D NAME: WOOD, ROBERT STREET ADDRESS: 19111 VISTA BAY DR #611 CITY-ST-ZIP: INDIAN SHORES FL 33785	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PRESIDENT NAME: BARTUS JOSEPH STREET ADDRESS: 19111 VISTA BAY DR #510 CITY-ST-ZIP: INDIAN SHORES FL 33785	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SECRETARY NAME: SKIDGELL PAULETTE #201 STREET ADDRESS: 19111 VISTA BAY DR CITY-ST-ZIP: INDIAN SHORES, FL 33785	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DIRECTOR NAME: WILDES DOUGLAS STREET ADDRESS: 19111 VISTA BAY DR #612 CITY-ST-ZIP: INDIAN SHORES, FL 33785	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input 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 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: Joseph E. Bartus **JOSEPH E. BARTUS** (727) 596-8009