FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 16 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 762449 (7)

1. Corporation Name
VISTA DEL LARGO ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~2180 W SR 434~~	~~2180 W SR 434~~
~~SUITE 5000~~	~~SUITE 5000~~
~~LONGWOOD FL 32779~~	~~LONGWOOD FL 32779~~

3. Date Incorporated or Qualified: 03/17/1982
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-2373573 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1316 Sumter Street	26 P.O. Box 492228
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Leesburg, FL 34749	28 City & State: Leesburg, FL 34749-2228
24 Zip: 34749 / 25 Country: Lake	29 Zip: 34749-2228 / 30 Country: Lake

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~HART, JAMES W. JR.~~	81 Name: Minkoff & McDaniel, PA
~~2180 W. SR 434~~	82 Street Address (P.O. Box Number is Not Acceptable): 226 W. Alfred Street
~~SUITE 5000~~	83
~~LONGWOOD FL 32779~~	84 City: Leesburg, FL 85 Zip Code: 32778

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] Vice President 3/6/95
Signature, type 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	SD	1.1 TITLE	STD ☒ Change ☐ Addition
NAME	GRIMES, EVELYN	1.2 NAME	Priscilla Wright
STREET ADDRESS	1941 MAPLE CIRCLE	1.3 STREET ADDRESS	1906 Oak Circle
CITY-ST-ZIP	TAVARES FL	1.4 CITY-ST-ZIP	Tavares, FL 32778
TITLE	PTD	2.1 TITLE	PD ☒ Change ☐ Addition
NAME	NELVON, ETHLEEN	2.2 NAME	Peter Henning
STREET ADDRESS	1920 SYCAMORE CR	2.3 STREET ADDRESS	1960 Magnolia Circle
CITY-ST-ZIP	TAVARES FL	2.4 CITY-ST-ZIP	Tavares, FL 32778
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition
NAME	MATTIESEN, RICHARD	3.2 NAME	Clara Kapuschinsky
STREET ADDRESS	918 SYCAMORE CIR	3.3 STREET ADDRESS	1922 Sycamore Circle
CITY-ST-ZIP	TAVARES FL	3.4 CITY-ST-ZIP	Tavares, FL 32778
TITLE	VD	4.1 TITLE	VD ☒ Change ☐ Addition
NAME	WAINWRIGHT, TERRI	4.2 NAME	Gerhard Schwedes
STREET ADDRESS	1946 MAGNOLIA CR	4.3 STREET ADDRESS	1929 Sycamore Circle
CITY-ST-ZIP	TAVARES FL	4.4 CITY-ST-ZIP	Tavares, FL 32778
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	FLOHR, ALICE	5.2 NAME	Dan Short
STREET ADDRESS	1959 NAGNOLIA CIRCLE	5.3 STREET ADDRESS	1928 Sycamore Circle
CITY-ST-ZIP	TAVARES FL	5.4 CITY-ST-ZIP	Tavares, FL 32778
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] V.P. 3-1-95 (904)343-8347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003618