

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762449

FILED
Mar 28, 2005
Secretary of State

Entity Name: VISTA DEL LARGO ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-2373573

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
2180 W. SR 434 STE. 5000
C/O SENTRY MANAGEMENT INC.
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FRANKLIN, BILL
Address: 1913 OAK CT
City-St-Zip: TAVARES, FL 32778

Title: VPD (X) Delete
Name: KING, DALE
Address: 1907 OAK CIR
City-St-Zip: TAVARES, FL 32778

Title: SD () Delete
Name: HOVEN, SUSAN
Address: 1956 MAGNOLIA CIR
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: MATTHIESEN, SUSAN
Address: 1939 MAPLE CIR
City-St-Zip: TAVARES, FL 32778

Title: TD () Delete
Name: VUCIC, SUSAN
Address: 1957 MAGNOLIA CIR
City-St-Zip: TAVARES, FL 32778

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KING, DALE
Address: 1907 OAK CIR
City-St-Zip: TAVARES, FL 32778

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: VAUGHN, VONNA
Address: 1960 MAGNOLIA CIR
City-St-Zip: TAVARES, FL 32778

Title: D (X) Change () Addition
Name: JEWELL, SUSAN
Address: 1938 MAPLE CIR
City-St-Zip: TAVARES, FL 32778

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: MARQUES, GUSTAVO
Address: 1933 MAPLE CIR
City-St-Zip: TAVARES, FL 32778

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE KING

PD

03/28/2005

Electronic Signature of Signing Officer or Director

Date