


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

05-17-2007 90035 015 \*\*\*\*61.25

**DOCUMENT # N04000005467**

1. Entity Name  
**VISTAS ON BENEVA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**1851 BENEVA ROAD**  
**SARASOTA, FL 34232 US**

Mailing Address  
**4301 32ND STREET WEST**  
**SUITE A-20**  
**BRADENTON, FL 34205 US**

**40115486**



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04152007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>20-1192768</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**C & S CONDOMINIUM MANAGEMENT SERVICES**  
**4301 32ND STREET WEST**  
**SUITE A-20**  
**BRADENTON, FL 34205**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LYNCH, AMY</b> <b>1770 PARAKEET WAY SUITE 801</b> <b>SARASOTA, FL 34232</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>FARRELL, RAY</b> <b>1952 TOUCAN WAY SUITE 1400</b> <b>SARASOTA, FL 34232</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>FERRARO, MARY LOU</b> <b>1943 TOUCAN WAY SUITE 212</b> <b>SARASOTA, FL 34232</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SHULL, BRENDA</b> <b>1935 TOUCAN WAY SUITE 300</b> <b>SARASOTA, FL 34232</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CARROLL, DAVID</b> <b>1927 BENEVA COURT SUITE 305</b> <b>SARASOTA, FL 34232</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>David Carroll</b> <b>1927 Toucan Way, Unit 305</b> <b>Sarasota, FL 34232</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPI Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Robert Kuhn</b> <b>1770 Parakeet Way, Unit 901</b> <b>Sarasota, FL 34232</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  **5/2/07** **941-504-7027**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #