

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005467

FILED
Jan 26, 2009
Secretary of State

Entity Name: VISTAS ON BENEVA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1851 BENEVA ROAD
SARASOTA, FL 34232 US

New Principal Place of Business:

Current Mailing Address:

4672 FRUITVILLE RD
SARASOTA, FL 34232 US

New Mailing Address:

FEI Number: 20-1192768 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C & S CONDOMINIUM MANAGEMENT SERVICES
4672 FRUITVILLE RD.
SARASOTA, FL 34232 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: P () Delete
Name: TARR, RON
Address: 1935 TOUCAN WAY, 301
City-St-Zip: SARASOTA, FL 34233

Title: VP () Delete
Name: WOOD, CHRIS
Address: 1959 TOUCAN WAY 204
City-St-Zip: SARASOTA, FL 34232

Title: 2VP () Delete
Name: LYMAN, JIM
Address: 1827 RIVERA CIRCLE
City-St-Zip: SARASOTA, FL 342332

Title: 3VP () Delete
Name: FURRARO, MARYLON
Address: 1943 TOUCAN WAY 212
City-St-Zip: SARASOTA, FL 34232

Title: ST () Delete
Name: JACKSON, REVA
Address: 1919 TOUCAN WAY 308
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: MORGAN, CHERIE
Address: 1850 TOUCAN WAY, 1305
City-St-Zip: SARASOTA, FL 34232

Title: 2VP (X) Change () Addition
Name: WOOD, CHRIS
Address: 1959 TOUCAN WAY 204
City-St-Zip: SARASOTA, FL 34232

Title: P (X) Change () Addition
Name: LYMAN, JIM
Address: 1827 RIVERA CIRCLE
City-St-Zip: SARASOTA, FL 34232

Title: SEC (X) Change () Addition
Name: CLARK, BRANDON
Address: 1943 TOUCAN WAY, 215
City-St-Zip: SARASOTA, FL 34232

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JIM LYMAN

P

01/26/2009

Electronic Signature of Signing Officer or Director

Date