

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005467

**FILED**  
**Apr 04, 2010**  
**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:**

C&S CONDOMINIUM MANAGEMENT SERVICES  
46672 FRUITVILLE ROAD  
SARASOTA, FL 34232 US

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  
Name: DETZEL, DENIS  
Address: 7522 N EASTLAKE TERR  
City-St-Zip: CHICAGO, IL 60626

Title: VP  
Name: LYNCH, AMY  
Address: 1770 PARAKEET WAY  
City-St-Zip: SARASOTA, FL 34232

Title: T  
Name: JACKSON, REVA  
Address: 1919 TOUCAN WAY  
City-St-Zip: SARASOTA, FL 34232

Title: S  
Name: FERRARO, MARYLOU  
Address: 1943 TOUCAN WAY  
City-St-Zip: SARASOTA, FL 34232

Title: D  
Name: MORGAN, CHERYL  
Address: 1850 TOUCAN WAY  
City-St-Zip: SARASOTA, FL 34232

I hereby 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 all other like empowered.

SIGNATURE: DENIS DETZEL

P

04/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date