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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N20437**

1. Corporation Name

VISTA VERDE WEST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6053 BAHIA DEL MAR CIR ST PETERSBURG FL 33715 US	~~118 PINELLAS BAY WAY~~ ~~TIERRA VERDE FL 33715~~ US

2. Principal Place of Business 21	2a. Mailing Address 26 6025 SUN BLVD.	3. Date Incorporated or Qualifed 05/01/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 SUITE 202	4. FEI Number 59-2951448 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 ST. PETERSBURG, FL.	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 33715 Country 30 PINELLAS	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

~~ALLEN, LINDA~~
~~%RESOURCE PROPERTY MANAGEMENT~~
~~118 PINELLAS BAYWAY~~
~~TIERRA VERDE FL 33715~~

10. Name and Address of New Registered Agent

81 Name: DOROTHY THOMAS
82 Street Address (P.O. Box Number is Not Acceptable): 6025 SUN BLVD.
83: SUITE 202
84 City: ST. PETERSBURG, FL 85 Zip Code: 33715

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Dorothy Thomas — 1/11/99
Signature, typed 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	VPD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SHELL, JOHN		1.2 NAME	
STREET ADDRESS	6100 BAHIA DEL MAR CR #201		1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33715		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LOGUE, MIKE		2.2 NAME	
STREET ADDRESS	6050 BAHIA DEL MAR CR #117		2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33715		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, FRANK		3.2 NAME	
STREET ADDRESS	6100 BAHIA DEL MAR CIR, UNIT 207		3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL		3.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BUTTERS, DALE		4.2 NAME	
STREET ADDRESS	5900 BAHIA DEL MAR CR #140		4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33715		4.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	COHEN, MORRIS		5.2 NAME	
STREET ADDRESS	6000 BAHIA DEL MAR CIR, 129		5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #