FILED
Aug 08, 2002 8:00 am
Secretary of State
05-22-2002 90241 013 ****61.25

5/22

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20437

1. Entity Name

Vista Verde West Condominium Assoc., Inc.

41075

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2951448 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Debra Reinhardt

Street Address (P.O. Box Number is Not Acceptable): Resource Property Management
5401 Sun Blvd., Suite 200

City: St. Petersburg FL Zip Code: 33715

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.

SIGNATURE: Debra Reinhardt

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

FEE: $ 61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fee

Make Check Payable to: Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP D.P.
NAME	Fred Doty
STREET ADDRESS	1010 Cristina Ct #7
CITY-ST-ZIP	Mississauga, Ont. L5J 4T7
TITLE	Treasurer
NAME	Jean Strom
STREET ADDRESS	6100 Bahia Del Mar Cir #101
CITY-ST-ZIP	St. Petersburg, FL.
TITLE	Director
NAME	Mike Logue
STREET ADDRESS	6050 Bahia Del Mar Cir. 117
CITY-ST-ZIP	St. Petersburg, FL
TITLE	Secretary
NAME	Peggy Konoby
STREET ADDRESS	32 Fairway Crescent.
CITY-ST-ZIP	Whitby, Ont. L1N7G7
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Peggy Konoby