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Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001999 (2)

1. Corporation Name
VISTA ROYALE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
7601 WESTPOINTE BLVD. ORLANDO FL 32835
7601 WESTPOINTE BLVD. ORLANDO FL 32833-6121

3. Date Incorporated or Qualified 04/30/1993
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 PO Box 317
22 City & State 27 Windermere FL
23 Zip Country 29 34766 30 USA

4. FEI Number 59-3215311 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
KOHN, DAVID
7601 WESTPOINTE BLVD.
ORLANDO FL 32835

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS
TITLE DP DELETE
NAME KOHN, DAVID
STREET ADDRESS 7601 WESTPOINTE BLVD.
CITY-ST-ZIP ORLANDO FL 32835
TITLE DV DELETE
NAME COHEN, SIMON
STREET ADDRESS 7601 WESTPOINTE BLVD.
CITY-ST-ZIP ORLANDO FL 32835
TITLE DST DELETE
NAME HALLIDAY, JUDITH
STREET ADDRESS 7601 WESTPOINTE BLVD.
CITY-ST-ZIP ORLANDO FL
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME Bob Haven
1.3 STREET ADDRESS 7658 Torino Ct
1.4 CITY-ST-ZIP Orlando FL 32835
2.1 TITLE Change Addition
2.2 NAME Jim Brady
2.3 STREET ADDRESS 1396 Vista Royale Blvd
2.4 CITY-ST-ZIP Orlando FL 32835
3.1 TITLE Change Addition
3.2 NAME Jeff Badgley
3.3 STREET ADDRESS 7626 Milano Dr
3.4 CITY-ST-ZIP Orlando FL 32835
4.1 TITLE Change Addition
4.2 NAME Nancy Marshall
4.3 STREET ADDRESS 7601 Torino Ct
4.4 CITY-ST-ZIP Orlando FL 32835
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE: Nancy Marshall Nancy Marshall 2/24/97 (407) 299-2083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0017819

CR2E037 (9/96)