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**FILED**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90021 041 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000001999**

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

Principal Place of Business 7601 WESTPOINTE BLVD. ORLANDO FL 32835	Mailing Address P O BOX 317 WINDERMERE FL 34786 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 04/30/1993	4. FEI Number 59-3215311 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 Lynn W. Wright Esq.  
 82 Street Address (P.O. Box Number is Not Acceptable) 2716 Row Circle Suite 102  
 83  
 84 City Ocoee FL 85 Zip Code 34761

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 Lynn Walker wright, Reg. Agent DATE 4/29/99

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HAVEN, BOB	
STREET ADDRESS	7658 TORINO CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRADY, JIM	
STREET ADDRESS	1898 VISTA ROYALE BLVD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SENNOTT, ALICE	
STREET ADDRESS	7614 MILANO DR	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARSHALL, NANCY	
STREET ADDRESS	7601 TORINO CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<del>John Gardiner</del> John Gardiner	
1.3 STREET ADDRESS	7600 Milano Dr	
1.4 CITY-ST-ZIP	Orlando FL 32835-8161	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Courtney Flemming	
2.3 STREET ADDRESS	1821 Verde Way	
2.4 CITY-ST-ZIP	Orlando FL 32835	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Barbara Muenks	
3.3 STREET ADDRESS	1800 Vista Royale Boulevard	
3.4 CITY-ST-ZIP	Orlando FL 32835	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: John Gardiner DATE: 2/15/99 DAYTIME PHONE #: 407 245-5897

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)