

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90033 036 ****61.25

DOCUMENT # N93000001999

1. Entity Name

VISTA ROYALE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7601 WESTPOINTE BLVD.
 ORLANDO FL 32835

P O BOX 317
 WINDERMERE FL 34786-0317
 US

2. Principal Place of Business

3. Mailing Address

2180 WEST SR 434

2180 WEST SR 434

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5000

5000

City & State

City & State

LONGWOOD FL

LONGWOOD FL

Zip

Country

32779

USA

Zip

Country

32779

USA

4. FEI Number

59-3215311

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WRIGHT, ESQ, LYNN W
 2716 RAW CIRCLE
 STE 102
 OCOEE FL 34761

HART, JAMES W JR
 SENTRY MANAGEMENT, INC.
 2180 W SR 434 STE 5000
 LONGWOOD FL 32779-5044

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D Delete
 NAME: HAVEN, BOB
 STREET ADDRESS: 7658 TORINO CT
 CITY-ST-ZIP: ORLANDO FL

TITLE: PD Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: D Delete
 NAME: EARDINER, JOHN
 STREET ADDRESS: 7600 MILANO DR
 CITY-ST-ZIP: ORLANDO FL 32835-8161

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: D Delete
 NAME: SENNOTT, ALICE
 STREET ADDRESS: 7614 MILANO DR
 CITY-ST-ZIP: ORLANDO FL 32835

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: D Delete
 NAME: FLEMING, COURTNEY
 STREET ADDRESS: 1821 VERDE WAY
 CITY-ST-ZIP: ORLANDO FL 32835

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: D Delete
 NAME: MUENKS, BARBARA
 STREET ADDRESS: 1800 VISTA ROYALE BLVD
 CITY-ST-ZIP: ORLANDO FL 32835

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: SD Change Addition
 NAME: HAMMOND, DEBORAH M
 STREET ADDRESS: 7613 TORINO CT
 CITY-ST-ZIP: ORLANDO FL 32835

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 reports 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 Block 11 if changed, or on an attachment with an affidavit with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/00

Date

Daytime Phone #

CR2E037 (9/99)