

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90099 041 ****61.25

DOCUMENT # N93000001999

1. Entity Name

VISTA ROYALE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2180 WEST SR 434
 5000
 LONGWOOD FL 32779

2180 WEST SR 434
 5000
 LONGWOOD FL 32779
 US

00031711



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3215311

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

**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 NAME	PD HAVEN, BOB	<input type="checkbox"/> Delete
STREET ADDRESS	7658 TORINO CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE NAME	D FLEMING, COURTNEY	<input type="checkbox"/> Delete
STREET ADDRESS	1821 VERDE WAY	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE NAME	D MUENKS, BARBARA	<input type="checkbox"/> Delete
STREET ADDRESS	1800 VISTA ROYALE BLVD	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE NAME	SD HAMMOND, DEBORAH M	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7613 TORINO CT	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	SD ARMSTRONG, JENNIFER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1801 VERDE WAY	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE NAME	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	TD BATH, JOHN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7657 MT CARMEL DR	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE: Courtney M Fleming
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/28/01 Daytime Phone # 407/297-6906

CR2E037 (10/00)

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