

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 16, 2008  
Secretary of State

DOCUMENT# N93000001999

Entity Name: VISTA ROYALE HOMEOWNERS' ASSOCIATION, INC.

## Current Principal Place of Business:

2180 WEST SR 434  
5000  
LONGWOOD, FL 32779

## New Principal Place of Business:

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 32779

## Current Mailing Address:

2180 WEST SR 434  
5000  
LONGWOOD, FL 32779 US

## New Mailing Address:

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 32779

FEI Number: 59-3215311

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HART, JAMES W JR  
SENTRY MANAGEMENT, INC  
2180 W SR 434 STE 5000  
LONGWOOD, FL 327795044 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LEVENE, CAROLE  
Address: 7649 MOUNT CARMEL DR  
City-St-Zip: ORLANDO, FL 32835

Title: SD ( ) Delete  
Name: EULINGBOURGH, EARL  
Address: 1849 VERDE WAY  
City-St-Zip: ORLANDO, FL 32835

Title: VPD ( ) Delete  
Name: WHITE, MARTHA  
Address: 1898 VISTA ROYALE BLVD  
City-St-Zip: ORLANDO, FL 32835

Title: TD ( ) Delete  
Name: DAVIDSON, DEAN  
Address: 7671 MILANO DR  
City-St-Zip: ORLANDO, FL 32835

Title: D ( ) Delete  
Name: CUTTS, ADA  
Address: 7684 MILANO DR  
City-St-Zip: ORLANDO, FL 32835

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLE LEVENE

PD

04/16/2008

Electronic Signature of Signing Officer or Director

Date