

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001999

FILED
Apr 23, 2009
Secretary of State

Entity Name: VISTA ROYALE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

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: VPD (X) Change () Addition
Name: MUENKS, BARBARA
Address: 1800 VISTA ROYALE BLVD
City-St-Zip: ORLANDO, FL 32835

Title: SD (X) Change () Addition
Name: YOUNG, LEE
Address: 1899 VISTA ROYALE BLVD
City-St-Zip: ORLANDO, FL 32835

Title: TD (X) Change () Addition
Name: OLSON, BRUCE
Address: 7633 MOUNT CARMEL DR
City-St-Zip: ORLANDO, FL 32835

Title: D (X) Change () Addition
Name: HAVEN, JOLYNN
Address: 7658 TORINO CT
City-St-Zip: ORLANDO, FL 32835

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

04/23/2009

Electronic Signature of Signing Officer or Director

Date