


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90022 044 \*\*\*\*61.25

<b>DOCUMENT # N95000004171</b> 1. Entity Name VISTA LAKES OWNERS ASSOCIATION, INC.					
Principal Place of Business 4780 N STATE RD.7 SUITE E250 LAUDERDALE LAKES, FL 33319 US			Mailing Address 4780 N STATE RD.7 SUITE E250 LAUDERDALE LAKES, FL 33319 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0616495	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PHOENIX MANAGEMENT SERVICES 4780 NORTH STATE ROAD 7 SUITE E250 LAUDERDALE LAKES, FL 3319			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	DD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DISTEFANO, FRANK		NAME	WIECZOREK, VALERIA	
STREET ADDRESS	1783 SW 148 ST		STREET ADDRESS	14992 SW 17 ST	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33331		CITY - ST - ZIP	DAVIE, FL 33326	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORESTES, CASARIEGO		NAME	MICHAEL SAVAGE	
STREET ADDRESS	14942 SW 17 ST		STREET ADDRESS	14842 SW 17 ST	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33331		CITY - ST - ZIP	DAVIE FL 33326	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	TREAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROVER, FRANCIS JOHN		NAME	ORESTES CASARIEGO	
STREET ADDRESS	15292 SW 17 ST		STREET ADDRESS	14942 SW 17 ST	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33331		CITY - ST - ZIP	DAVIE FL 33326	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <u>Valeria Wieczorek - Valeria Wieczorek</u> <u>2/25/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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