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May 06 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750353 (5)
1. Corporation Name
VISTA OAKS WEST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
100 VISTA ROYALE BLVD 100 VISTA ROYALE BLVD
VERO BEACH FL 32962 VERO BEACH FL 32962-3732



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/26/1979		3a. Date of Last Report 04/15/1996	
21 Suite, Apt. #, etc. 22 2121 Dan Ct. NE		26 Suite, Apt. #, etc.		4. FEI Number 59-1981237		Applied For Not Applicable	
23 City & State Palm Bay, FL		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24 Zip 32905		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
25 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HEALY, PATRICK F ESQ.
700 S. BABCOCK ST.
SUITE 400
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City	B5 Zip Code
			FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DT	DELETE
NAME	MCKIBBEN, GLENN	
STREET ADDRESS	2111 JOSHUA DR NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	DT	DELETE
NAME	POTTS, CALVIN R	
STREET ADDRESS	1911 JOSHUA DR NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	DELETE
NAME	MUNROE, ALLAN R	
STREET ADDRESS	2214 JOSHUA DR NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	SD	DELETE
NAME	KAUFFMAN, GEORGE A.	
STREET ADDRESS	3115 KALEEN CIRCLE NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	DP	DELETE
NAME	WARREN, DAVID	
STREET ADDRESS	2775 MARGARET ST. NE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/VP	Change	Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	D/S	Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	D	Change	Addition
4.2 NAME	McHugh, Thomas		
4.3 STREET ADDRESS	1715 Joshua Dr. NE		
4.4 CITY-ST-ZIP	Palm Bay FL 32905		
5.1 TITLE	D/P	Change	Addition
5.2 NAME	Cook, Earl R.		
5.3 STREET ADDRESS	1917 Joshua Dr. NE		
5.4 CITY-ST-ZIP	Palm Bay FL 32905		
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)