

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90296 005 \*\*\*\*61.25

**DOCUMENT # N00000003314**

1. Entity Name

**VISTA LAKES COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

130 SOUTH ORANGE AVENUE SUITE 200  
ORLANDO FL 32801

130 SOUTH ORANGE AVENUE SUITE 200  
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

410 Penn First Management, Inc.  
Suite, Apt. #, etc.

410 Penn First Management, Inc.  
Suite, Apt. #, etc.

453 Mark Twain Blvd  
City & State

453 Mark Twain Blvd  
City & State

Orlando, FL  
Zip

Country  
USA

Orlando, FL  
Zip

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3681870

Applied For  
Not Applicable

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

CAVARETTA, CHARLES F  
130 SOUTH ORANGE AVENUE SUITE 200  
ORLANDO FL 32801

Name: Lawrence M. Sheeler  
Street Address (P.O. Box Number is Not Acceptable):  
410 Penn First Management, Inc.  
453 Mark Twain Blvd  
City: Orlando FL Zip Code: 32828

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

1/16/01  
DATE

**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 STREET ADDRESS CITY-ST-ZIP	DP CAVARETTA, CHARLES F 130 SOUTH ORANGE AVENUE SUITE 200 ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WISDOM, JULIE 130 SOUTH ORANGE AVENUE SUITE 200 ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS LIEBRECHT, THOMAS 130 SOUTH ORANGE AVENUE SUITE 200 ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-01 407-839-2005

Date Daytime Phone #

CR2E037 (10/00)