

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003314

1. Entity Name

VISTA LAKES COMMUNITY ASSOCIATION, INC.

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90172 045 ****61.25

Principal Place of Business

453 MARK TWAIN BLVD
ORLANDO FL 32828

Mailing Address

453 MARK TWAIN BLVD
ORLANDO FL 32828

2. Principal Place of Business

U/Penn First Management, Inc.

3. Mailing Address

U/Penn First Management, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1813 N. Dean Rd, Suite 103

1813 N. Dean Rd Suite 103

City & State

City & State

Orlando, FL

Orlando, FL

Zip

Country

Zip

Country

32817

USA

32817

USA

6. Name and Address of Current Registered Agent

4. FEI Number

59-3681870

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Sheeler Lawrence M.

Street Address (P.O. Box Number is Not Acceptable)

U/Penn First Management, Inc.

1813 N. Dean Rd Suite 103

City

Orlando

FL

Zip Code

32817

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/30/02

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

TITLE **DP** ☒ Delete
NAME **CAVARETTA, CHARLES F**
STREET ADDRESS **130 SOUTH ORANGE AVENUE SUITE 200**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **DT** ☐ Delete
NAME **WISDOM, JULIE**
STREET ADDRESS **130 SOUTH ORANGE AVENUE SUITE 200**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **DVS** ☐ Delete
NAME **LIEBRECHT, THOMAS**
STREET ADDRESS **130 SOUTH ORANGE AVENUE SUITE 200**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Change ☒ Addition
NAME **Nico Sactori**
STREET ADDRESS **130 SOUTH ORANGE AVE, SUITE 200**
CITY-ST-ZIP **Orlando, FL 32801**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **President D** ☒ Change ☐ Addition
NAME **Liebrecht, Thomas**
STREET ADDRESS **130 S. Orange Ave. Suite 200**
CITY-ST-ZIP **Orlando, FL 32801**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1/29/02 407-839-2005

Date Daytime Phone #

CR2E037 (9/01)

0068474