

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003314

FILED
Jul 31, 2006
Secretary of State

Entity Name: VISTA LAKES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

C/O LELAND MGNT
8009 S ORANGE AVE
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

C/O LELAND MGNT
8009 S ORANGE AVE
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 59-3681870 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LELAND MANAGEMENT
8009 S ORANGE AVE
ORLANDO, FL 32809 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: TD () Delete
Name: WISDOM, JULIE
Address: 200 COLONIAL CENTER PKWY, #330
City-St-Zip: LAKE MARY, FL 32746

Title: DP () Delete
Name: DREMANN, DEBRA
Address: 200 COLONIAL CENTER PKWY, #330
City-St-Zip: LAKE MARY, FL 32746

Title: VD () Delete
Name: DIAZ, DIANNE
Address: 200 COLONIAL CENTER PKWY, #330
City-St-Zip: LAKE MARY, FL 32746

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SHELTON, JAMES
Address: 6009 LAKE MELROSE DRIVE
City-St-Zip: ORLANDO, FL 32829

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: DER-IRIZARRY, LISSETTE
Address: 5635 FLORENCE HAROBR DRIVE
City-St-Zip: ORLANDO, FL 32829

Title: D () Change (X) Addition
Name: DETRICK, WILLIAM E
Address: 8430 DOVER VIEW LANE
City-St-Zip: ORLANDO, FL 32829

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBRA DREMANN

DP

07/31/2006

Electronic Signature of Signing Officer or Director

_____ Date