

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90964 045 ****61.25

DOCUMENT # N00000003314

1. Entity Name

VISTA LAKES COMMUNITY ASSOCIATION, INC.



Principal Place of Business

C/O PENN FIRST MANAGEMENT, INC.
1813 N DEAN RD. SUITE 103
ORLANDO FL 32817

Mailing Address

C/O PENN FIRST MANAGEMENT, INC.
1813 N DEAN RD. SUITE 103
ORLANDO FL 32817

2. Principal Place of Business

C/o Leland mgmt
Suite, Apt. #, etc.
1633 E. Vine St. #110

3. Mailing Address

C/o Leland mgmt
Suite, Apt. #, etc.
1633 E. Vine St #110

City & State

Kissimmee FL

City & State

Kissimmee FL

Zip

34744

Country

USA

Zip

34744

Country

USA



☒ CHECK HERE IF MAKING CHANGES

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

~~SHEELER, LAWRENCE M~~
~~C/O PENN FIRST MANAGEMENT, INC.~~
~~1813 DEAN RD, SUITE 103~~
~~ORLANDO FL 32817~~

7. Name and Address of New Registered Agent

Name: Rebecca Forlow
Street Address (P.O. Box Number is Not Acceptable)
C/o Leland mgmt
1633 E. Vine St #110
City: Kissimmee FL Zip Code: 34744

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

Rebecca Forlow

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

(NOTE: Registered Agent signature required when reinstating)

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DT	WISDOM, JULIE	<input type="checkbox"/> Delete
NAME		130 SOUTH ORANGE AVENUE SUITE 200	
STREET ADDRESS		ORLANDO FL 32801	
CITY-ST-ZIP			
TITLE	PD	LIEBRECHT, THOMAS	<input checked="" type="checkbox"/> Delete
NAME		130 SOUTH ORANGE AVENUE SUITE 200	
STREET ADDRESS		ORLANDO FL 32801	
CITY-ST-ZIP			
TITLE	VD	SARTORI, NICO	<input type="checkbox"/> Delete
NAME		130 SOUTH ORANGE AVE, SUITE 200	
STREET ADDRESS		ORLANDO FL 32808	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	PD	Debra Dremann	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		130 So. Orange Ave Suite 200	
STREET ADDRESS		Orlando FL 32801	
CITY-ST-ZIP			
TITLE	D	Dianne Diaz	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		130 So Orange Ave Suite 200	
STREET ADDRESS		Orlando FL 3281	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> 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 BLOCK 10 (TREASURER) 4/4/03 407-839-2005

CR2E037 (10/02)