

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 750353

**Entity Name:** VISTA OAKS WEST HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1978 US 1  
SUITE 106  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

1978 US 1  
SUITE 106  
ROCKLEDGE, FL 32955

**FEI Number:** 59-1981237

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ADVANCED PROPERTY MANAGEMENT, INC  
1978 US 1  
SUITE 106  
ROCKLEDGE, FL 32955 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name           KAUFMAN, GEORGIA  
Address        1978 US 1 SUITE 106  
City-State-Zip: ROCKLEDGE FL 32955

Title            SECRETARY  
Name           MERRILL, CHRIS  
Address        1978 US 1 SUITE 106  
City-State-Zip: ROCKLEDGE FL 32955

Title            TREASURER  
Name           BAUMGARDENER, DEBBIE  
Address        1978 US 1 SUITE 106  
City-State-Zip: ROCKLEDGE FL 32955

Title            DIRECTOR  
Name           BUCKHALT, LIBBY  
Address        1978 US 1 SUITE 106  
City-State-Zip: ROCKLEDGE FL 32955

Title            VP  
Name           MORIN, MIKE  
Address        1978 US 1 SUITE 106  
City-State-Zip: ROCKLEDGE FL 32955

I hereby 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 all other like empowered.

**SIGNATURE:** GEORGIA KAUFMAN

**PRESIDENT**

**03/13/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date