# 2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 753465

Entity Name: VISTA BAY CONDOMINIUM ASSOCIATION, INC.

## **Current Principal Place of Business:**

19111 VISTA BAY DRIVE C/O CONDOMINIUM ASSOCIATES INDIAN SHORES, FL 33785

## **Current Mailing Address:**

19111 VISTA BAY DRIVE C/O CONDOMINIUM ASSOCIATES INDIAN SHORES, FL 33785 US

#### FEI Number: 59-2446132

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

#### CONDOMINIUM ASSOCIATES 19111 VISTA BAY DRIVE C/O CONDOMINIUM ASSOCIATES INDIAN SHORES, FL 33785 US

Certificate of Status Desired: No

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	E: CONDOMINIUM ASSOCIATES			07/19/2022
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	SECRETARY	Title	TREASURER	
Name	STRUB, LEONARD	Name	LARSON, GLORIA	
Address	19111 VISTA BAY DR. # 601	Address	19111 VISTA BAY DR. #502	
City-State-Zip:	INDIAN SHORES FL 33785	City-State-Zip:	INDIAN SHORES FL 33785	
Title	DIRECTOR	Title	DIRECTOR	
Name	KULICK, CAROL	Name	SHIPP, EARL JR.	
Address	19111 VISTA BAY DR. #312	Address	19111 VISTA BAY DR. # 206	
City-State-Zip:	INDIAN SHORES, FL 33785	City-State-Zip:	INDIAN SHORES FL 33785	
Title	PRESIDENT	Title	VP	
Name	MENCHISE, NICHOLAS	Name	CREEDON, ROBERT	
Address	19111 VISTA BAY DR. # 501	Address	19111 VISTA BAY DR. # 507	
City-State-Zip:	INDIAN SHORES FL 33785	City-State-Zip:	INDIAN SHORES FL 33785	
Title	DIRECTOR			
Name	FRIEDRICH, JR., WILLIAM			
Address	19111 VISTA BAY DR. #605			
City-State-Zip:	INDIAN SHORES FL 33785			

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: MENCHISE, NICHOLAS

\_\_\_\_\_

FILED Jul 19, 2022 Secretary of State 5988360182CC

AS PRESIDENT 07/19/2022

Date

Electronic Signature of Signing Officer/Director Detail