

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003314

Entity Name: VISTA LAKES COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**8841 LEE VISTA BLVD
ORLANDO, FL 32829**Current Mailing Address:**8841 LEE VISTA BLVD
ORLANDO, FL 32829 US**FEI Number:** 59-3681870**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BECKER & POLIAKOFF, P.A.
111 N. ORANGE AVENUE
SUITE 1400
ORLANDO, FL 32801 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:** HARRY W. CARLS, ESQ.

01/04/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CUMELLO , RON
Address 8841 LEE VISTA BLVD
City-State-Zip: ORLANDO FL 32829

Title VP
Name SEBESTYEN, KATHERINE
Address 8680 WARWICK SHORE CROSSING
City-State-Zip: ORLANDO FL 32829

Title SECRETARY
Name ABERNATHY, MARY ANN
Address 8841 LEE VISTA BLVD
City-State-Zip: ORLANDO FL 32829

Title DIRECTOR
Name SCHUETT, CAROL
Address 8841 LEE VISTA BLVD
City-State-Zip: ORLANDO FL 32829

Title TREASURER
Name ENGLISH, ADAM
Address 8841 LEE VISTA BLVD
City-State-Zip: ORLANDO FL 32829

Title DIRECTOR
Name VILLALON, LEONIDES EDWIN DR.
Address 8841 LEE VISTA BLVD
City-State-Zip: ORLANDO FL 32829

Title DIRECTOR
Name DALY, JOHN
Address 8841 LEE VISTA BLVD
City-State-Zip: ORLANDO FL 32829

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: MARY ANN ABERNATHY**SECRETARY**

01/04/2017

Electronic Signature of Signing Officer/Director Detail

Date