I hereby certify that the information indicated on this report or supplemental report is true and accu- oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exec above, or on an attachment with all other like empowered.		
SIGNATURE CHRISTOPHER ROY	PRESIDENT	03/31/2021

SIGNATURE: CHRISTOPHER ROY

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: Electronic Signature of Registered Agent

Officer/Director Detail :

••			
Title	P	Title	VP
Name	ROY, CHRISTOPHER	Name	COLEMAN, AMBER
Address	424 LUNA BELLA LANE, SUITE 122	Address	424 LUNA BELLA LANE, SUITE 122
City-State-Zip:	MEW SMYRNA BEACH FL 32168	City-State-Zip:	MEW SMYRNA BEACH FL 32168
Title	TS		
Title Name	TS POWELL, NICK		
Name	POWELL, NICK		

Name and Address of Current Registered Agent:

EVERGREEN LIFESTYLES MANAGEMENT 2100 S HIAWASSEE ROAD ORLANDO, FL 32835 US

2100 S HIAWASSEE ROAD

FEI Number: 84-4491942

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N2000001344

Entity Name: VISTA PALMS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

ORLANDO, FL 32835

Current Mailing Address:

2100 S HIAWASSEE ROAD ORLANDO, FL 32835 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.

PRESIDENT

Date

Date

FILED Mar 31, 2021 Secretary of State 5146729316CC