

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001999

FILED
Feb 18, 2021
Secretary of State
4062370321CC

Entity Name: VISTA ROYALE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

VISTA ROYALE HOA
C/O FIRSTSERVICE RESIDENTIAL, INC 2300 MAITLAND CENTER PKWY., SUITE 101
MAITLAND, FL 32751

Current Mailing Address:

VISTA ROYALE HOA
C/O FIRSTSERVICE RESIDENTIAL, INC 2300 MAITLAND CENTER PKWY.,
SUITE 101
MAITLAND, FL 32751 US

FEI Number: 59-3215311

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STEVEN M. LA BRET, PA
501 NORTH MAGNOLIA AVENUE
SUITE A10B
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: STEVEN M. LA BRET

02/18/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name CUMMING, JAMES
Address VISTA ROYALE HOA
C/O FIRSTSERVICE RESIDENTIAL,
INC 2300 MAITLAND CENTER PKWY.,
SUITE 101
City-State-Zip: MAITLAND FL 32751

Title PRESIDENT
Name MUENKS, BARBARA
Address VISTA ROYALE HOA
C/O FIRSTSERVICE RESIDENTIAL,
INC 2300 MAITLAND CENTER PKWY.,
SUITE 101
City-State-Zip: MAITLAND FL 32751

Title SECRETARY, TREASURER
Name THOMPSON, ANTHONY
Address VISTA ROYALE HOA
C/O FIRSTSERVICE RESIDENTIAL,
INC 2300 MAITLAND CENTER PKWY.,
SUITE 101
City-State-Zip: MAITLAND FL 32751

Title MEMBER AT LARGE
Name RONDON , JONATHAN
Address VISTA ROYALE HOA
C/O FIRSTSERVICE RESIDENTIAL,
INC 2300 MAITLAND CENTER PKWY.,
SUITE 101
City-State-Zip: MAITLAND FL 32751

Title MEMBER AT LARGE
Name CUTTS, ADA
Address VISTA ROYALE HOA
C/O FIRSTSERVICE RESIDENTIAL,
INC 2300 MAITLAND CENTER PKWY.,
SUITE 101
City-State-Zip: MAITLAND FL 32751

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: MUENKS , BARBARA

PRESIDENT

02/18/2021

Electronic Signature of Signing Officer/Director Detail

Date