

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000001999

**FILED**  
**Jan 17, 2018**  
**Secretary of State**  
**CC5105814513**

**Entity Name:** VISTA ROYALE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

VISTA ROYALE HOA  
C/O FIRST SERVICE RESIDENTIAL, INC 385 DOUGLAS AVE., SUITE 3350  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

385 DOUGLAS AVE.  
SUITE 3350  
ALTAMONTE SPRINGS, FL 32814 US

**FEI Number: 59-3215311**

**Certificate of Status Desired: No**

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

STEVEN M. LA BRET, PA  
130 PASADENA PLACE  
ORLANDO, FL 32803 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

01/17/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name LEVENE, CAROLE  
Address C/O FIRST SERVICE RESIDENTIAL,  
INC.  
385 DOUGLAS AVE. STE. 3350  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title VPD  
Name MUENKS, BARBARA  
Address C/O FIRST SERVICE RESIDENTIAL,  
INC..  
385 DOUGLAS AVE. STE. 3350  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title D  
Name HAVEN, JOLYNN  
Address C/O FIRST SERVICE RESIDENTIAL,  
INC.  
385 DOUGLAS AVE. STE. 3350  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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:** CAROLE LEVENE

**PRESIDENT**

01/17/2018

Electronic Signature of Signing Officer/Director Detail

Date