

2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N93000001999

Entity Name: VISTA ROYALE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 59-3215311

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ERYN M. MCCONNELL, ESQUIRE
801 N. ORANGE AVE., SUITE 500
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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT	Title	VICE PRESIDENT
Name	MUENKS, BARBARA	Name	ABNER, TE SHONDRA
Address	VISTA ROYALE HOA, C/O FIRSTSERVICE RESIDENTIAL, INC. 2300 MAITLAND CENTER PARKWAY SUITE 101	Address	VISTA ROYALE HOA, C/O FIRSTSERVICE RESIDENTIAL, INC. 2300 MAITLAND CENTER PARKWAY SUITE 101
City-State-Zip:	MAITLAND FL 32751	City-State-Zip:	MAITLAND FL 32751
Title	SECRETARY, TREASURER	Title	DIRECTOR AT LARGE
Name	RODON, JONATHAN	Name	CUTTS, ADA
Address	VISTA ROYALE HOA, C/O FIRSTSERVICE RESIDENTIAL, INC. 2300 MAITLAND CENTER PARKWAY SUITE 101	Address	VISTA ROYALE HOA, C/O FIRSTSERVICE RESIDENTIAL, INC. 2300 MAITLAND CENTER PARKWAY SUITE 101
City-State-Zip:	MAITLAND FL 32751	City-State-Zip:	MAITLAND FL 32751
Title	DIRECTOR AT LARGE		
Name	FRIENDS, BARBARA		
Address	VISTA ROYALE HOA, C/O FIRSTSERVICE RESIDENTIAL, INC. 2300 MAITLAND CENTER PARKWAY 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: BARBARA MUENKS

PRESIDENT

08/16/2023

Electronic Signature of Signing Officer/Director Detail

Date