PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # 478239
1. Corporation Name

VISTA PROPERTIES MANAGEMENT, INC.

Mailing Address

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90050 004 \*\*\*150.00



Principal Place	e of Business	Masing Address							
100 VISTA ROY	ALE BLVD	100 VISTA ROYALE BLVD							
VERO BEACH F	L 32962-0799	VERO BEACH FL 32962-07/99				DO NOT WRITE IN TH	C CDACE		
					- Data Income		3 SPACE		
					3. Date ir corpora	ted of Qualified			
					06/19/1975 4. FEI Number			nlied For	
2. Principa Pl	ace of Business	2a. Mailing Address				,	<u> </u>	plied For	
21		26			59-1605433	<u> </u>	· — — — — — — — — — — — — — — — — — — —	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of St	atus Desired	\$8.75 / Fee Re	Additional	
22		27							
City & State		City & State			6. Election Camp	·		May Be	
23		28				Trust Fund Contribution Added to Fees			
Zip	Courtry	Zip	<u> </u>		1	8. This corporation owes the current year intangible  Personal Property Tax.			
24	25	29	30		Persor al Prope	<del> </del>		1,1140	
<del></del>	9. Name and Address of Currer	it Registered Agent		81 Name		dress of New Registere	a Agent		
REID, PHILIP H JR				81 Name	•				
				82 Stree	t Acidress (P.O. Box Number	r is Not Acceptable)			
	06 20th Street								
Vei	ro Beach, FL 329	966-8613	6-8613						
				84 City			85 Zip	Code	
				U4 City		F	L		
agent. I a	registered agent, or both, in the State m familiar with, and a cept the obligation	of Florida, Such change wait ons of, Section 607.0505,	as authorized Florida Stat	utes.	poration's board of directors	, г петеву ассерт те ар	politiment as to	giotorod	
SIGNATURE	Signature, typed or printed nome of registered agei	n and title if applicable (1	NO1 E: Registered	Agent signatur	e req iired when reinstating)	DATE			
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITI: DNS/CH	ANGES TO OFFICERS			
TITLE	V	X DELETE	1.1 TI	TLE			Change	Addition	
NAME	KOEHLER, KIRK W		1.2 N	AME				ļ	
STREET ADDRESS	100 VISTA ROYALE BLVD		1.3 \$	TREET ADDRES	s			1	
CITY-ST-ZIP	VERO BEACH, FL 00000		14 C	TY-ST-ZIP					
TITLE	V	Ŭ DELETE	2.1 TI	TLE		<del></del>	☐ Change	Addition	
NAME	PROFFITT, RAYMOND		2.2 N	AME				1	
STREET ADDRESS	565 32ND AVE		2.3 \$	TREET ADDRES	s				
CITY-ST-ZIP	VERO BEACH, FL 00000		2 4 0	TY-ST-ZIP					
TITLE	VD	☐ DELETE				_	Change	Addition	
NAME	EWING, RONALD E		3.2 N	AME					
STREET ADOR :SS	100 VISTA ROYALE BLVD		335	TREET ADDRES	s				
	VERO BCH, FL 00000			ITY-ST-ZIP	-				
CITY-ST-ZIP TITLE	PSTD PSTD	☐ OELETE			<del> </del>		Change	Addition	
	KURTZ, JOHN C		4.2 N				_ ,		
NAME	100 VISTA ROYALE BLVD.		- 1	TREET ADDRÉS	e				
STREET ADDRESS	VERO BEACH, FL 00000				3				
CITY-ST-ZIP		☐ DELETE		TY-ST-ZIP	<u> </u>		☐ Change	Addition	
TITLE	VAS	□ nere it	5.1 TI 5.2 N		D		O,101.190	<u></u>	
NAME	GASKILL, ROBERT L								
STREET ADDRESS	100 VISTA ROYALE BLVD			TREET ADDRES	5				
CITY-ST-ZIP	VERO BCH, FL 00000			ITY-ST-ZIP					
TITLE		☐ DELETE					☐ Change	☐ Addition	
NAME			6.2 N						
STREET ADDRESS			6.3 S	TREET ADDRES	s				
ATT 710			64 C	ITY-ST-ZIP	1				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplementa, annual report is true and accurate and that my 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 trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an an attachment with an address, with all other like empowered.

SIGNATURE:

NA TURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

John C. Kurtz 4/23/99 561-562-9031

R2E034 (11/98)