2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

•	AMENDED AN	. 0	F	ILED					
1. Entity Nam	MENT #478239 ROPERTIES MANAGEMENT			PAG	UT RUG	0 F 2 -3 PM 1: ASSEE, FLOR	1 7 TE		
Principal Place 100 VISTA RI VERO BEACH		Mailing Address C /O CORPORATION SERVICE COMPANY T201 HAYS STREET TALLAHASSEE, FL 32301			LOOTH BIOM				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 6300 PARK OF COMMERCE Blu			ッ 				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04262007	Chg-P	CR2E034 (12/	J6)	
City & State		BOCA RATON, FL			4. FEI Number 59-1605			Applied For Not Applicable	
Zip	Country	33487	Country		5. Certificate of	of Status Desired	□ \$8.75 Fee Rec	Additional quired	
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New R	legistered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 Name ANTHONY KALLICHE, ESQUIR Street Address (P.O. Box, Number is Not Acceptable) PACE City // // City // // City Code									
8. The above named entity sybmits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature required when reinstating) Day E									
Amended AR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/0	CHANGES TO OFF	ICERS AND DIRECT	ORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KURTZ, JOHN C 100 VISTA ROYALE BLVD. VERO BEACH, FL 32962	□ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss		0 0107 !	□cha 54681 5007	. –	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	- CD	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	502 502 502 502 502		HARLES K OF CON V, FL 33	Detail De		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRIEDRICHSEN, JOHN B 1140 BAY STREET TORONTO, ON MSS2B4	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP				JOHN B 15+6 46 210 MSS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TB- COOKE, DOUGLAS G 1140 BAY STREET TORONTO, ON MSS2B4	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	AT Coo	OKE, DO 10 BAY RONTO	STREET	G- Ste 40 210 M5	nge Addition SZB4	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WENDY, LANG 6300 PARK OF COMMERCE BLY BOCA ROTON, FL 33487	☐ Delete	TITLE NAME STREET ADDRES CITY - ST - ZIP	LA S 630	NG, WI OD PARK ICA RAI	ENDY COFCON CON, FL	G- Ste 40 210 M 5 210 M 5 mmerce 33481	nge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss			Gila	nge 📋 Addikion	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all otherwise empowered. SIGNATURE:									
SIGNATURE: SIGNATURE: SIGNATURE AND TYPE OF PRINTED NAME OF SIGNATURE OF DISCRETOR D									

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 478239 1. Entity Name VISTA PROPERTIES MANAGEMEN		Ray	e 2 c	32						
Principal Place of Business 100 VISTA ROYALE BLVD VERO BEACH, FL 32962-0799	1201 HAYS STREET	C/O CORPORATION SERVICE COMPANY			1811 11112 11182 1111 1 1					
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	Mailing Address								
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E034 (12/0	6)			
City & State	City & State	City & State			433		Applied For Not Applicable			
Zip Country	Zíp	Country		5. Certificate of	of Status Desired	\$8.75 / Fee Requ	Additional iired			
6. Name and Address of Curren	t Registered Agent	<u> </u>	Name	7. Name and	Address of New I	Registered Agent				
CORPORATION SERVICE COMPANY			Street Address (P.O. Box Number is Not Acceptable)							
1201 HAYS STREET TALLAHASSEE, FL 32301			0.0007.00007							
			City			FL Zip C	ode			
8. The above named entity submits this statement	for the purpose of changing its	s registere	ed office or register	red agent, or both	n, in the State of Fl		th, and accept			
the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered ager	nt and title if applicable. (NO	TE Registered	1 Agent signature required	when reinstating)		DA₩				
Amended AR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.										
10. OFFICERS AND	D DIRECTORS Delete	11.	ID	ADDITIONS/0	CHANGES TO OF	FICERS AND DIRECTO	$\overline{}$			
NAME KURTZ, JOHN C			,	RUNIN	RICHA 1-8 TER		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
			ST-ZIP 1+0	SO N Z	18 TER	33020	_			
TITLE CD SOLLINGS, CHARLES D	☐ Delete	TITLE	D	istens	EN, Ste 8 TERR	VEN J Chang	ge Addition			
STREET ADDRESS 6300 PARK OF COMMERCE B CITY-ST-ZIP BOCA RATON, FL 33487	ιγb			50 N 3	8 TERR	83020				
TITLE SD	Defete	TITLE	T	1		☐ Chang	e Addition			
NAME FRIEDRICHSEN, JOHN B STREET ADDRESS 1140 BAY STREET		NAME STREE	: റ്ഗ	SES, T	OMAS	PRACE				
CITY-ST-ZIP TORONTO, ON MSSZB4			-ST-ZIP 1+c	Hywoo	or Ter	3020				
ITTLE TD NAME COOKE, DOUGLAS G	☐ Delete	TITLE		ł		☐ Chang	ge 🗌 Addition			
STREET ADDRESS 1140 BAY STREET CITY-ST-ZIP TORONTO ON MSS2B4			ET ADDRESS -ST-ZIP							
IIILE AS	□ Delete	TILE				☐ Chang	ge 🔲 Addition			
NAME WENDY, LANG STREET ADDRESS 6300 PARK OF COMMERCE B		NAME STREE	E ET ADDRESS							
CITY-ST-ZIP BOCA ROTON, FL 33487			-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	/ D	ı			☐ Chang	ge Addition			
	th this filing does not avalify			d in Chapter 119,	Florida Statutes.	I further certify that th	e information			
I hereby certify that the information supplied windicated on this report or supplemental report of the corporation or the receiver or trustee enchanged, or on an attachment with an address.	is true and accurate and that powered to execute this report, with all other like empowere	my signat as requir	ture snall have the red by Chapter 607	same legal etlect 7, Rorida Statutes	as it made under s; and that my nar	r oatn; tnat I am an offi ne appears in Block 10	cer or director 0 or Block 11 if			
SIGNATURE:	/ YX	ر ا	_	- 1	2107	561-989.	5071			
SIGNATURE AND TYPE	PRINTED NAME OF SIGNING OFFICE	R OR DIRECT	ror		Dale	Daytime Phone	e #			