



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90006 011 ***150.00

DOCUMENT # 478239 1. Entity Name VISTA PROPERTIES MANAGEMENT, INC.					
Principal Place of Business 100 VISTA ROYALE BLVD VERO BEACH, FL 32962-0799			Mailing Address 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1605433	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ANTHONY KALLICHE, ESQUIRE 2950 N 28 TERRACE HOLLYWOOD, FL 33020				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KURTZ, JOHN C 100 VISTA ROYALE BLVD. VERO BEACH, FL 32962	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EUP STEPHAN TITTMAN 2950 N 28 TERR HOLLYWOOD, FL 33020
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOLLINS, CHARLES D 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487		
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR STEVEN J. CHRISTENSEN 2950 N 28 TERR HOLLYWOOD, FL 33020		
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FRIEDRICHSEN, JOHN B 1140 BAY STREET, STE 4000 TORONTO, ON M5S2B4		
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR TOMAS ROSES 2950 N 28 TERR HOLLYWOOD, FL 33020		
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT COOKE, DOUGLAS G 1140 BAY STREET, STE 4000 TORONTO, ON M5S2B4		
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LANG, WENDY 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487		
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRUNIN, RICHARD 2950 N 28 TERRACE HOLLYWOOD, FL 33020		
<input type="checkbox"/> Delete		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 other like empowered.			
SIGNATURE: 			2/22/08 561 989-5044		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		