

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725713

FILED  
Apr 13, 2012  
Secretary of State

Entity Name: VISTA PALMS, INC.

**Current Principal Place of Business:**

C/O R & P PROPERTY MGMT  
265 AIRPORT RD S  
NAPLES, FL 34104 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O R & P PROPERTY MGMT  
265 AIRPORT RD S  
NAPLES, FL 34104 US

**New Mailing Address:**

FEI Number: 59-1746810

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

R & P PROPERTY MANAGEMENT  
265 AIRPORT RD S  
NAPLES, FL 34104 US

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

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

**OFFICERS AND DIRECTORS:**

Title: VPD  
Name: DEVLIN, FRANCIS  
Address: 21 GLENEAGLE DRIVE  
City-St-Zip: BEDFORD, NH 03110

Title: PD  
Name: HOWARD, DAVID  
Address: 315 ST ANDREWS BLVD #B-33  
City-St-Zip: NAPLES, FL 34113

Title: SD  
Name: MATTHEW, SUSAN  
Address: 315 ST ANDREWS BLVD #C -25  
City-St-Zip: NAPLES, FL 34113

Title: D  
Name: BRANZELL, GEORGE  
Address: 44 PLEASANT STREET  
City-St-Zip: NAPLES, FL 34110

Title: TD  
Name: FERREIRA, ROBERT  
Address: 315 ST ANDREWS BLVD #A-3  
City-St-Zip: NAPLES, FL 34113

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: DAVID HOWARD

PD

04/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date