

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730205

FILED
Feb 27, 2009
Secretary of State

Entity Name: VISTA DEL LAGO ASSOCIATION, INC.

Current Principal Place of Business:

1225 NW 21ST STREET
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

1225 NW 21ST STREET
STUART, FL 34994

New Mailing Address:

FEI Number: 48-0820751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNETT, JANE L.
401 E. OSCEOLA STREET
STUART,, FL 34994 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: S () Delete
Name: BUNN, WILLIAM
Address: 1225 NW 21ST APT 314
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: OUTCALT, EDGAR
Address: 1225 NW 21ST APT 1606
City-St-Zip: STUART, FL 34994

Title: VPTD () Delete
Name: TEFFT, LAWRENCE
Address: 1225 NW 21ST APT 608
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: HULL, RICHARD
Address: 1225 NW 21ST APT 2802
City-St-Zip: STUART, FL 34994

Title: PATD () Delete
Name: SALERNO, FRANK
Address: 1225 NW 21ST APT 2706
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: SALERNO, FRANK
Address: 1225 NW 21ST, APT 2706
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: BUNN, WILLIAM
Address: 1225 NW 21ST APT 314
City-St-Zip: STUART, FL 34994

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: NARDY, MORGIA
Address: 1225 NW 21ST, APT 1801
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FRANK M. SALERNO

PATD

02/27/2009

Electronic Signature of Signing Officer or Director

Date