

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730639 (2)
1. Corporation Name
VISTA DEL MAR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 13333 JOHNSON BCH RD. PENSACOLA FL 32507
Mailing Address: 13333 JOHNSON BCH RD. PENSACOLA FL 32507

3. Date Incorporated or Qualified: 09/10/1974
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21-23)
2a. Mailing Address (26-28)
24. Zip, 25. Country, 29. Zip, 30. Country

4. FEI Number: 59-1596274
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes

9. Name and Address of Current Registered Agent
NELSON, RONALD L
517 E GOVERNMENT STR
PENSACOLA FL 32501

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City: FL
85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DAUBE, RONALD	
STREET ADDRESS	3819 GLADERIDGE DR.	
CITY-ST-ZIP	HOUSTON TX 77068	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	TISDALE, EARL	
STREET ADDRESS	111 HILLCREST DR.	
CITY-ST-ZIP	GREENVILLE AL 36037	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	HEARN, GEORGE	
STREET ADDRESS	P.O. BOX 1617 N/A	
CITY-ST-ZIP	FAIRHOPE AL 36533	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HOLCOMBE, GARY	
1.3 STREET ADDRESS	570 GEORGIA AVE	
1.4 CITY-ST-ZIP	FORREST PARK GA 30050	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARTIN, MARY	
2.3 STREET ADDRESS	13333 JOHNSON BEACH RD, 107	
2.4 CITY-ST-ZIP	PENSACOLA FL 32507	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DAUBE, RONALD	
3.3 STREET ADDRESS	3819 GLADERIDGE DR	
3.4 CITY-ST-ZIP	HOUSTON, TX 77068	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gary L. Holcombe 4/16/96 904 492-1669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)