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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
13333 JOHNSON BCH RD. PENSACOLA FL 32507
13333 JOHNSON BCH RD. PENSACOLA FL 32507-9632

3. Date Incorporated or Qualified 09/10/1974
3a. Date of Last Report 04/22/1996

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		59-1596274	Not Applicable
22	22. City & State	27. City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State	City & State		<input type="checkbox"/>	
23	23. Zip	28. Zip		6. Election Campaign Financing	\$5.00 May Be Added to Fees
	Country	Country		Trust Fund Contribution	<input type="checkbox"/>
24	24. Zip	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NELSON, RONALD L 517 E GOVERNMENT STR PENSACOLA FL 32501				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD TYRON E. TISDALE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	111 Hillcrest Dr. Greenville, AL 36037
NAME	HOCOMBE, GARY		1.2 NAME				
STREET ADDRESS	420 GEORGIA AVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	FORREST PARK GA		1.4 CITY-ST-ZIP				
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD Phil Grisaffi	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	339 Devon Rd La Place, La 70068
NAME	MARTIN, MARY		2.2 NAME				
STREET ADDRESS	1333 JOHNSON BEACH RD 107		2.3 STREET ADDRESS				
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP				
TITLE	STD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	STD Robert L. Parr, m.d.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	3681 N. 1100 E Sheridan, IN 46069-9069
NAME	DAUBE, RONALD		3.2 NAME				
STREET ADDRESS	3819 GLAPERIDGE DR		3.3 STREET ADDRESS				
CITY-ST-ZIP	HOUSTON TX		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-97

CR2E037 (9/96)