

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90071 044 ****61.25

0078046

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 730639

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/10/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1596274	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TISDALE, TYRON E	1.2 NAME	
STREET ADDRESS	111 HILLCREST DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE AL 36037	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCH, DESPINA S	2.2 NAME	
STREET ADDRESS	1501 EAST 80TH	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46240	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALONE, WILLIAM T SR	3.2 NAME	Suzanne Beaman
STREET ADDRESS	14 BISHOPS COURT	3.3 STREET ADDRESS	2590 C.R. 48
CITY-ST-ZIP	PITTSFORD NY 14534	3.4 CITY-ST-ZIP	Auburn IN 46706
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, FRANK G	4.2 NAME	James M. Deason
STREET ADDRESS	149 SERVICE RD	4.3 STREET ADDRESS	13333 Johnson Beach Rd # 805
CITY-ST-ZIP	LAUREL MS 39440	4.4 CITY-ST-ZIP	Pensacola FL 32507
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUENETT, HOWARD R	5.2 NAME	Burnett, Howard R.
STREET ADDRESS	12715 ST CLAIR DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY 40243	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, CHESTER J	6.2 NAME	
STREET ADDRESS	13333 JOHNSON BEACH RD, #506	6.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32507	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: TYRON TISDALE 4-16-99 850-492-0211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)