

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


4/12

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90248 022 \*\*\*\*61.25

66417696



<b>DOCUMENT # 730639</b>			
1. Entity 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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NELSON, RONALD L 517 E GOVERNMENT STR PENSACOLA, FL 32501		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing.)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOEFER, DICK 13333 JOHNSON BCH RD 505 PENSACOLA, FL 32507	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hoepfer, Dick 13333 Johnson Bch Rd #505 Pensacola, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ADAIR, SHERN 5435 HIGHPOINT RD NE ATLANTA, GA 30342	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S Adair, Shern 110 Lake Forrest Lane Atlanta, GA 30342
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LANE, BRUCE 292 HIGGINS DR BALDWINVILLE, NY 13027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P Lane, Bruce 13333 Johnson Bch Rd #206 Pensacola, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESSIC, KOCH 1501 EAST 80TH INDIANAPOLIS, IN 46240	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T Bob Littlejohn 13333 Johnson Bch Rd #104 Pensacola, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLISS, RUSTY 1015 STAFFORD RD SOMERVILLE, TN 38068	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition David Motter 237 W. Livingston Pl Metairie, LA 70119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESSMAN, MARK 1604 AUDUBON ST NEW ORLEANS, LA 70118	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Judy Epperly 2277 Woodfield Lane Marietta, GA 30062
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Bruce Lane Pres.</u> DATE: <u>4-29-04</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			