
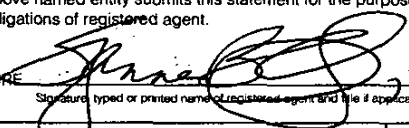
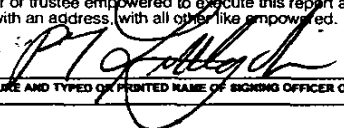


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90005 023 ****61.25

DOCUMENT # 730639			
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 PO Box 34279	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Pensacola, FL	
Zip	Country	Zip	Country
		32507	
6. Name and Address of Current Registered Agent		4. FEI Number 59-1596274	
NELSON, RONALD L 517 E GOVERNMENT STR PENSACOLA, FL 32501		Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Name McDonough-Fleming Murkhead (Suzanne Blankenship)			
Street Address (P.O. Box Number is Not Acceptable) 25 West Government St			
City Pensacola		FL Zip Code 32502-5813	
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 		Suzanne Blankenship, Esq. 3/2/05	
Filing Fee is \$61.25 Due by May 1, 2006		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	D EPPERLY, JUDY 3641 S BIRMINGHAM TULSA, OK 74105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete ADAIR, SHERRI 110 LAKE FORREST LANE ATLANTA, GA 30342	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bob Morrow 5721 Studer Rd. Little Rock, AR 72223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Delete LANE, BRUCE 3058 LIANNE LANE PENSACOLA, FL 32505	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lowell Womack 1261 Buckhead Circle Birmingham, AL 35216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete LITTLEJOHN, BOB 5615 BAUER RD PENSACOLA, FL 32507	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LANE, TY 4611 85TH ST LUBBOCK, TX 79424	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete MOTTER, DAVID 237 LIVINGSTON PL NEW ORLEANS, LA 70119	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		2/13/06 850-497-8590	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	