


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90185 029 ****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
 POB 34279
 PENSACOLA, FL 32507


2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

40000



03212007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1596274

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCDONALD FLEMING MOORHEAD
 SUZANNE BLANKENSHIP
 25 W GOVERNMENT ST
 PENSACOLA, FL 32501-5813**

7. Name and Address of New Registered Agent

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

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	EPPERLY, JUDY	
STREET ADDRESS	3641 S BIRMINGHAM	
CITY-ST-ZIP	TULSA, OK 74105	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MORROW, BOB	
STREET ADDRESS	5721 STUDER RD	
CITY-ST-ZIP	LITTLE ROCK, AR 72223	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WOMACK, LOWELL	
STREET ADDRESS	1261 BUCKHEAD CIR	
CITY-ST-ZIP	BIRMINGHAM, AL 35216	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LITTLEJOHN, BOB	
STREET ADDRESS	5615 BAUER RD	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANE, TY	
STREET ADDRESS	4611 85TH ST	
CITY-ST-ZIP	LUBBOCK, TX 79424	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MOTTER, DAVID	
STREET ADDRESS	237 LIVINGSTON PL	
CITY-ST-ZIP	NEW ORLEANS, LA 70119	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JJ McNeil's	
STREET ADDRESS	1900 Whitten Road	
CITY-ST-ZIP	Memphis TN 38133	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rusty Bliss	
STREET ADDRESS	1015 Stafford Rd.	
CITY-ST-ZIP	Somerville TN 38068	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joe Mirabile	
STREET ADDRESS	1900 Whitten Road	
CITY-ST-ZIP	Memphis TN 38133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Cregar	
STREET ADDRESS	10 Stonemill Road	
CITY-ST-ZIP	Dayton, OH 45409	

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: Brenda Singleton Bush Manager 4-16-07 850-492-3823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #