


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90034 049 ****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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1596274	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCDONALD FLEMING MOORHEAD SUZANNE BLANKENSHIP 25 W GOVERNMENT ST PENSACOLA, FL 32501-5813			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENELIS, JJ		NAME		
STREET ADDRESS	1900 WHITTEN ROAD		STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS, TN 38133		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORROW, BOB		NAME		
STREET ADDRESS	5721 STUDER RD		STREET ADDRESS		
CITY-ST-ZIP	LITTLE ROCK, AR 72223		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLISS, RUSTY		NAME		
STREET ADDRESS	1015 STAFFORD RD.		STREET ADDRESS		
CITY-ST-ZIP	SOMERVILLE, TN 38068		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRABILE, JOE		NAME		
STREET ADDRESS	1900 WHITTEN ROAD		STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS, TN 38133		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANE, TY		NAME	Dessie Koch	
STREET ADDRESS	4611 85TH ST		STREET ADDRESS	1501 East 80th	
CITY-ST-ZIP	LUBBOCK, TX 79424		CITY-ST-ZIP	Indianapolis, IN 46240	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREYER, TOM		NAME		
STREET ADDRESS	10 STONEMILL ROAD		STREET ADDRESS		
CITY-ST-ZIP	DAYTON, OH 45409		CITY-ST-ZIP		
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: <i>Brewer Singletary</i>			Date: 3-25-08		Daytime Phone #: 850-492-3823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					