


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90443 041 \*\*\*\*61.25

<b>DOCUMENT # 731170</b>			
1. Entity Name <b>VISTA D'ORO CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>1730 BEACH PARKWAY CAPE CORAL FL 33904</b>		Mailing Address <b>GULF SIDE CONDO MGMT P.O. BOX 101448 CAPE CORAL FL 33910 US</b>	
2. Principal Place of Business		3. Mailing Address <b>1730 Beach Pkwy</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b># A8</b>	
City & State		City & State <b>Cape Coral FL</b>	
Zip	Country	Zip	Country
<b>33904</b>		<b>33904</b>	<b>Lee</b>



1st MOORE CR2E037 (10/04)

4. FEI Number <b>59-1977342</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WASSBERG, SHARON M GULF SIDE CONDO MGMT INC 1303 SE 34TH TERRACE CAPE CORAL FL 33904</b>		7. Name and Address of New Registered Agent Name <b>JOANN KLOEKER</b> Street Address (P.O. Box Number is Not Acceptable) <b>1712 BEACH PARKWAY A8</b> City <b>Cape Coral</b> FL Zip Code <b>33904</b>	
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 <i>Joann Kloeker</i> DATE <b>4-22-05</b> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TYMON, MARYLYN A 1941 BEACH PKWY UNIT 111 CAPE CORAL FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROMAN GATNY 1746 BEACH PKWY #D-8 CAPE CORAL, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RECCHIA, FRED 1734 BEACH PKWY C11 CAPE CORAL FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RINALDI, FRANK 1718 BEACH PKWY, B5 CAPE CORAL FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KLOEKER, JOANN 1712 BEACH PKWY A8 CAPE CORAL FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIZZA, ROCCO 1738 BEACH PKWY C10 CAPE CORAL FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOETT, THOMAS 14040 OLD HOLT CT LINDSTROM MN 55045 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Holt</b> <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 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:** *Joann Kloeker* **4-22-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #