



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90291 032 ****61.25

DOCUMENT # 731170 1. Entity Name VISTA D'ORO CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1730 BEACH PARKWAY CAPE CORAL, FL 33904			Mailing Address 1730 BEACH PKWY #A8 CAPE CORAL, FL 33904 US		
2. Principal Place of Business 615 Cape Coral Pkwy W. Suite, Apt. #, etc. Suite 103 City & State CAPE CORAL, FL Zip 33914 Country USA		3. Mailing Address C/O American Condo Mgmt PO Box 100399 City & State CAPE CORAL, FL Zip 33910 Country LEE		40070269 	
4. FEI Number 59-1977342				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KLOEKER, JOANN 1712 BEACH PKWY A8 CAPE CORAL, FL 33904			7. Name and Address of New Registered Agent Name SUSAN KASE, CAM Street Address (P.O. Box Number is Not Acceptable) C/O American Condo MGMT, Inc 615 Cape Coral Pkwy West, # 103 City CAPE CORAL FL Zip Code 33914		
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 <u><i>Susan Kase, CAM</i></u> 4/20/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	SD GATNY, ROMAN 1746 BEACH PKWY #D-8 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
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	TD RINALDI, FRANK 1718 BEACH PKWY, B5 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
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	D ZIZZA, ROCCO 1738 BEACH PKWY C10 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOETT, THOMAS 14040 OLD HOLT CT LINDSTROM, MN 55045	<input type="checkbox"/> Delete			
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: <u><i>JoAnn Kloecker Pres Vista D'oro, JoAnn Kloecker</i></u> 239-542-4404 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					