## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#731170** 

FILED Apr 24, 2009 Secretary of State

Entity Name: VISTA D'ORO CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 615 CAPE CORAL PKWY WEST SUITE 103 CAPE CORAL, FL 33914 **Current Mailing Address: New Mailing Address:** C/O AMERICAN CONDO MGMT. PO BOX 100399 CAPE CORAL, FL 33910 FEI Number: 59-1977342 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KASE, SUSAN CAM C/O AMERICAN CONDO MGMT.. INC 615 CAPE CORAL PKWY WEST SUITE 103 CAPE CORAL, FL 33914 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition GATNY, ROMAN HOLT, NORA Name: Name: 1746 BEACH PKWY #D-8 Address: 1718 BEACH PKWY Address: City-St-Zip: CAPE CORAL, FL 33904 US City-St-Zip: CAPE CORAL, FL 33904 US Title: VD Title: ( ) Delete () Change () Addition PELLOCK, SANDRA Name: Name: Address: 3926 SE 2ND AVE Address: City-St-Zip: CAPE CORAL, FL 33904 US City-St-Zip: Title: TD () Delete Title: () Change () Addition RINALDI, FRANK Name: Name: 1718 BEACH PKWY, B5 Address: Address: City-St-Zip: CAPE CORAL, FL 33904 US City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: DIAMOND, ALAN J Name: Address: 2600 COLBERT ROAD Address: City-St-Zip: WAUKEGAN, IL 60085 US City-St-Zip: Title: PD () Delete Title: () Change () Addition KLOEKER, JOHN Name: Name: 1712 BEACH PKWY A8 Address: Address: City-St-Zip: CAPE CORAL, FL 33904 US City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition SKRUPA, DAWN SKRUPA, DAWN Name: Name: Address: 1746 BEACH PKWY, D5 Address: 1746 BEACH PKWY, D5 CAPE CORAL, FL 33904 US CAPE CORAL, FL 33904 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN KLOEKER PRES 04/24/2009