

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738559

FILED
Mar 05, 2009
Secretary of State

Entity Name: VISTA OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4020 VISTA OAKS CIR. NE
PALM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

4020 VISTA OAKS CIR. NE
PALM BAY, FL 32905

New Mailing Address:

FEI Number: 59-1890615

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCEWEN, PATRICIA
1014 VISTA OAKS CIR NE
PALM BAY, FL 32905 US

Name and Address of New Registered Agent:

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:

Title: VPD () Delete
Name: GILL, JEFF
Address: 4018 VISTA OAKS CIR. NE
City-St-Zip: PALM BAY, FL 32905

Title: D () Delete
Name: FINCH, LARRY
Address: 2014 VISTA OAKS CIRCLE NE
City-St-Zip: PALM BAY, FL 32905

Title: PD () Delete
Name: MCEWEN, PATRICIA
Address: 1014 VISTA OAKS CIRCLE
City-St-Zip: PALM BAY, FL 32905

Title: T () Delete
Name: JOSEPH, DENISE
Address: 3412 VISTA OAKS CIRCLE
City-St-Zip: PALM BAY, FL 32905

Title: S () Delete
Name: LORD, JAN
Address: 2713 VISTA OAKS CIR. NE
City-St-Zip: PALM BAY, FL 32905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GILL, JEFF
Address: 4018 VISTA OAKS CIR. NE
City-St-Zip: PALM BAY, FL 32905

Title: VPD (X) Change () Addition
Name: FINCH, LARRY
Address: 2014 VISTA OAKS CIRCLE NE
City-St-Zip: PALM BAY, FL 32905

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: PATRICIA MCEWEN

PD

03/05/2009

Electronic Signature of Signing Officer or Director

Date