

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

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90019 016 ****61.25

DOCUMENT # 742725

1. Entity Name

VISTA RIO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

100 VALLEY STREAM DRIVE
NAPLES FL 34113
US

Mailing Address

100 VALLEY STREAM DRIVE
NAPLES FL 34113
US

50012177



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2393431

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, LARRY
100 VALLEY STREAM DR #100
NAPLES FL 34113

Name

ANTHONY WOOD

Street Address (P.O. Box Number is Not Acceptable)

100 VALLEY STREAM DR #105

City

NAPLES

FL

Zip Code

34113

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DP **PRESIDENT** ☐ Delete
NAME THOMPSON, LARRY
STREET ADDRESS 100 VALLEY STREAM DRIVE STE 100
CITY-ST-ZIP NAPLES FL 34112

TITLE DVP **VICE PRESIDENT** ☐ Delete
NAME THOMPSON, GARY
STREET ADDRESS 100 VALLEY STREAM DR 200
CITY-ST-ZIP NAPLES FL 34113

TITLE DS ☒ Delete
NAME ME PEAK, HELENE
STREET ADDRESS 100 VALLEY STREAM DR 303
CITY-ST-ZIP NAPLES FL 34113

TITLE T **SECRETARY & TREASURER** ☐ Delete
NAME WOOD, ANTHONY
STREET ADDRESS 100 VALLEY T DR 105
CITY-ST-ZIP NAPLES FL 34113

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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:

Anthony Wood

1/18/05

239-732-6135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #