

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90219 047 ****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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 53-2373431	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WOOD, ANTHONY 100 VALLEY STREAM DR #105 NAPLES, FL 34113				7. Name and Address of New Registered Agent Name Helene McPeak Street Address (P.O. Box Number is Not Acceptable) 100 Valley Stream Dr. #303 City Naples	
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.				Zip Code 34113	
SIGNATURE <i>Helene M. McPeak</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4/20/06	
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					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP THOMPSON, LARRY <input checked="" type="checkbox"/> Delete 100 VALLEY STREAM DRIVE STE 100 NAPLES, FL 34112				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP THOMPSON, GARY <input checked="" type="checkbox"/> Delete 100 VALLEY STREAM DR 200 NAPLES, FL 34113				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WOOD, ANTHONY <input checked="" type="checkbox"/> Delete 100 VALLEY T DR 105 NAPLES, FL 34113				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BROWN, DORIS M. 100 Valley Stream Dr. -#305 Naples FL 34113				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition COOKE, CHRISTINE M. 100 Valley Stream Dr. #301 Naples, FL 34113				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D-S-T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition McPEAK, HELENE 100 Valley Stream Dr. #303				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <i>Doris M. Brown</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Doris M. Brown				Date 4/18/06	
Daytime Phone # (239) 289-5738					