

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742725

FILED
Feb 24, 2009
Secretary of State

Entity Name: VISTA RIO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

100 VALLEY STREAM DRIVE
NAPLES, FL 34113 US

New Principal Place of Business:

Current Mailing Address:

100 VALLEY STREAM DRIVE
NAPLES, FL 34113 US

New Mailing Address:

FEI Number: 53-2373431

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, LARRY
100 VALLEY STREAM DR #100
NAPLES, FL 34113 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: DST () Delete
Name: GARCIA, JENNIFER
Address: 5400 SYCAMORE DR
City-St-Zip: NAPLES, FL 34119

Title: DP () Delete
Name: THOMPSON, LARRY
Address: 100 VALLEY STREAM DR #100
City-St-Zip: NAPLES, FL 34113

Title: DVP () Delete
Name: THOMPSON, GARY
Address: 100 VALLEY STREAM DR #200
City-St-Zip: NAPLES, FL 34113

Title: T () Delete
Name: MOJAVE, CAROL S
Address: 825 NEW WATERFORD, SUITE #101
City-St-Zip: NAPLES, FL 34104

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change () Addition
Name: MCPEAK, HELENE S
Address: 100 VALLEY STREAM DR #303
City-St-Zip: NAPLES, FL 34113

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

Title: DVP (X) Change () Addition
Name: MOJAVE, CAROL
Address: 825 NEW WATERFORD, STE #101
City-St-Zip: NAPLES, FL 34104

Title: T (X) Change () Addition
Name: WENDLAND, ANN
Address: 5400 SYCAMORE DR
City-St-Zip: NAPLES, FL 34119

Title: D () Change (X) Addition
Name: CAMPANARO, LISA
Address: 100 VALLEY STREAM DR #205
City-St-Zip: NAPLES, FL 34113

Title: D () Change (X) Addition
Name: THOMPSON, GARY
Address: 100 VALLEY STREAM DR #200
City-St-Zip: NAPLES, FL 34113

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: LARRY THOMPSON

DP

02/24/2009

Electronic Signature of Signing Officer or Director

Date