2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# 743531

Entity Name: FORT WALTON BEACH VISTA DEL MAR CONDOMINIUMS ASSOCIATION, INC.

Current Principal Place of Business:

925 WHELK COURT
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8053
FORT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 59-2070449 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEBERT, MARSHELL
2165 CASTLE GROVE DRIVE
NAVARRE, FL 32566 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:	STD	( ) Delete
Name:	HEBERT, FRANCIS	
Address:	2165 CASTLE GROVE DRIVE	
City-St-Zip:	NAVARRE, FL 32566	
Title:	D	( ) Delete
Name:	GILLUM, WANDA	
Address:	P.O. BOX 442	
City-St-Zip:	DEMOREST, GA 30535	
Title:	VPD	( ) Delete
Name:	FERRARIO, CINDY	
Address:	925 WHELK CT	
City-St-Zip:	FORT WALTON BEACH, FL 32548	
Title:	PD	( ) Delete
Name:	MATTIS, GARY	
Address:	2410 33RD STREET	
City-St-Zip:	MOLINE, IL 61265	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: CINDY FERRARIO VPD 04/24/2009

Electronic Signature of Signing Officer or Director — Date