


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2007 08:00 AM
Secretary of State

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| DOCUMENT # 746304 1. Entity Name VISTA DEL PARQUE CONDOMINIUM ASSOCIATION, INC. |  |
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| Principal Place of Business 145 E 6TH AVE P. O. BOX 8 MOUNT DORA, FL 32757 US | Mailing Address PO BOX 8 P. O. BOX 8 MOUNT DORA, FL 32757 US |
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DO NOT WRITE IN THIS SPACE



02282007 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 59-1971114 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 5. Name and Address of Current Registered Agent HARBIN, CLIFF 439 7TH AVE EAST MOUNT DORA, FL 32757 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 1100000670165 03/27/07-80101-016 61.25 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DST FORAN, MARLENE 4029 LAKE FOREST ROAD MOUNT DORA, FL 32757 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP PARTRIDGE, VICKIE 145 E 6TH AVE #12 MOUNT DORA, FL 32757 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVP CHUCK, VICTOR 145 E. 6TH #6 MOUNT DORA, FL 32757 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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: Victor D. Partridge 3/14/07 President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #