2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750532

FILED Apr 28, 2008 Secretary of State

Entity Name: VISTA DEL MAR ASSOCIATION INC.

Littly Na	ille. VISTA DI	LE WAR ASSOCIATION, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
CONDOMINIUM MANAGEMENT 5444 PARK BLVD #101 PINELLAS PARK, FL 33781			3753 & 3789 46TH AVE. N. ST. PETERSBURG, FL 33711 US		
Current Mailing Address:			New Mailing Address:		
PO BOX 47068 ST. PETERSBURG, FL 33743			%CONDOMINIUM MGMT. GROUP P.O. BOX 60068 ST. PETERSBURG, FL 337840068 US		
FEI Number	: 59-2071245	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
5444 PAR PINELLAS	RONALD D K BLVD #101 S PARK, FL 33		purpose of changing its registere	d office or registered agent, or both,	
	e of Florida.		parpoon of origing no regions	a cines of regions of agent, or bear,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	HASSE, STAN 3753 46TH AVI) Delete E S #7 SBURG, FL 33711	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST (FLEISHER, JU UNIT 14 3753 (ST PETERSBU	46TH AVE S.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CUCINOTTA, L 3789 46 AVE S		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BARTLETT, KA 3789 46TH AVI		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (APREA, ANNIN 58 OLD BEAG DIX HILLS, NY	RD	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: LEN CUCINOTTA P 04/28/2008