

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90054 017 \*\*\*\*61.25

**DOCUMENT # 753465**

1. Entity Name

VISTA BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

19111 VISTA BAY DRIVE  
INDIAN SHORES FL 33785

Mailing Address

19111 VISTA BAY DR  
MANAGER'S OFFICE  
INDIANSHORES FL 33785  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2446132

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON, JOAN E  
19111 VISTA BAY DRIVE  
SUITE 608  
INDIAN SHORES FL 33785

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Joan E. Robinson, Treasurer*  
*JOAN E. ROBINSON*

(NOTE: Registered Agent signature required when reinstating)

DATE

*6 April 2007*

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	SKIDGELL, PAULETTE	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		18111 VISTA BAY DR 201	
CITY - ST - ZIP		INDIAN ROCKS BEACH FL 33785	
TITLE	T	ROBINSON, JOAN	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		19111 VISTA BAY DR #608	
CITY - ST - ZIP		INDIAN SHORES FL 33785	
TITLE	SD	GRAS, JUDITH	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		19111 VISTA BAY DRIVE #210	
CITY - ST - ZIP		INDIAN SHORES FL 33785	
TITLE	VD	SARNESE, JOHN	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		19111 VISTA BAY DR 207	
CITY - ST - ZIP		INDIAN SHORES FL 33785	
TITLE	D	CREEDON, ROBERT	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		19111 VISTA BAY DR #507	
CITY - ST - ZIP		INDIAN SHORES FL 33785	
TITLE	D	WOOD, ROBERT	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		19111 VISTA BAY DR #611	
CITY - ST - ZIP		INDIAN SHORES FL 33785	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	JOSEPH E BARTUS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		19111 VISTA BAY DR #310	
CITY - ST - ZIP		INDIAN SHORES FL 33785	
TITLE	D	PAULETTE SKIDGELL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		19111 VISTA BAY DR #201	
CITY - ST - ZIP		INDIAN SHORES, FL 33785	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *X*

*Joan E. Robinson, Treasurer*  
*JOAN E. ROBINSON, TREASURER*

DATE

Daytime Phone #

*6 April 2007 727-517-9004*