

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753465

FILED
Apr 04, 2011
Secretary of State

Entity Name: VISTA BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

19111 VISTA BAY DRIVE
% MANAGEMENT OFFICE
INDIAN SHORES, FL 33785

New Principal Place of Business:

Current Mailing Address:

19111 VISTA BAY DRIVE
% MANAGEMENT OFFICE
INDIAN SHORES, FL 33785

New Mailing Address:

FEI Number: 59-2446132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, JOAN E
19111 VISTA BAY DRIVE
SUITE 608
INDIAN SHORES, FL 33785 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: S
Name: MANWARING, LAURA
Address: 19111 VISTA BAY DR. #305
City-St-Zip: INDIAN SHORES, FL 33785

Title: T
Name: ROBINSON, JOAN
Address: 19111 VISTA BAY DR #608
City-St-Zip: INDIAN SHORES, FL 33785

Title: D
Name: DOUGLAS, WILDES
Address: 19111 VISTA BAY DR #612
City-St-Zip: INDIAN SHORES, FL 33785

Title: VD
Name: SARNESE, JOHN
Address: 19111 VISTA BAY DR #207
City-St-Zip: INDIAN SHORES, FL 33785

Title: D
Name: CREEDON, ROBERT
Address: 19111 VISTA BAY DR #507
City-St-Zip: INDIAN SHORES, FL 33785

Title: P
Name: BARTUS, JOSEPH
Address: 19111 VISTA BAY DR #510
City-St-Zip: INDIAN SHORES, FL 33785

I hereby 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 all other like empowered.

SIGNATURE: ROBERT J. CREEDON

D

04/04/2011

Electronic Signature of Signing Officer or Director

Date