


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90200 010 ****61.25

DOCUMENT # 754096 1. Entity Name VISTA POINTE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business AMERICAN CONDO MGMT., INC. 909 SE 47TH TERRACE #105 CAPE CORAL, FL 33904			Mailing Address POST OFFICE BOX 100399 CAPE CORAL, FL 33910		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KASE, SUSAN 909 SE 47TH TERRACE #105 CAPE CORAL, FL 33904				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input type="checkbox"/> Delete			
NAME	LONGO, PAUL				
STREET ADDRESS	1907 SE 40TH TERR, C103				
CITY - ST - ZIP	CAPE CORAL, FL 33904				
TITLE	VP	<input type="checkbox"/> Delete			
NAME	DENNIS, WARREN				
STREET ADDRESS	1903 SE 40TH TERR #B-101				
CITY - ST - ZIP	CAPE CORAL, FL 33904				
TITLE	T	<input checked="" type="checkbox"/> Delete			
NAME	RIEGGER, ROBERT				
STREET ADDRESS	1903 SE 40TH TERR #B-102				
CITY - ST - ZIP	CAPE CORAL, FL 33904				
TITLE	PD	<input type="checkbox"/> Delete			
NAME	FELTOVOC, MICHAEL				
STREET ADDRESS	1905 SE 40TH TERR A103				
CITY - ST - ZIP	CAPE CORAL, FL 33904				
TITLE	D	<input type="checkbox"/> Delete			
NAME	CLEVELAND, KEN				
STREET ADDRESS	1949 PLYMOUTH OVAL				
CITY - ST - ZIP	HINCHLEY, OH 44233				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	TO JOC Urbanski				
STREET ADDRESS	1903 SE 40th Terr, A107				
CITY - ST - ZIP	CAPE CORAL, FL 33904				
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 exemption stated in Section 119.07(3)(i), 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: <u>Paul A. Longo</u> <u>Paul A. Longo</u> <u>3/22/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					