2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#754096

FILED Apr 24, 2009 Secretary of State

Entity Name: VISTA POINTE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: %AMERICAN CONDO MGMT., INC. 615 CAPE CORAL PARKWAY WEST STE 103 CAPE CORAL, FL 33914 **New Mailing Address: Current Mailing Address:** %AMERICAN CONDO MGMT., INC. P.O. BOX 100399 CAPE CORAL, FL 339100399 US FEI Number Applied For () FEI Number: 59-2379226 FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KASE, SUSAN 615 CAPE CORAL PARKWAY WEST SUITE 103 CAPE CORAL, FL 33914 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition LONGO, PAUL FELTOVIC, MICHAEL Name: Name: 1907 SE 40TH TERR, C103 Address: 1903 SE 40TH TERRACE Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: CAPE CORAL, FL 33904 Title: () Delete Title: () Change () Addition MEHRMAN, TERI Name: Name: Address: 5962 SILVERBIRCH RD Address: City-St-Zip: ORTONVILLE, MI 48462 City-St-Zip: Title: () Delete Title: () Change () Addition PATCHETT, ALLAN JR Name: Name: Address: P.O. BOX 111302 Address: City-St-Zip: ANCHORAGE, AK 995111302 City-St-Zip: (X) Change () Addition Title: SD () Delete Title: ST Name: KOMAR, JAMES Name: KOMAR, JAMES 1903 SE 40TH TERR, A105 1903 SE 40TH TERR, A105 Address: Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: CAPE CORAL, FL 33904 Title: () Delete Title: () Change () Addition CLEVELAND, KEN Name: Name: 1949 PLYMOUNT OVAL Address: Address: City-St-Zip: HINCHLEY, OH 44233 City-St-Zip:

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: KENNETH CLEVELAND PRES 04/24/2009