


FILE NOW: FILING FEE IS \$61.25

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**Apr 09 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755375 (3)

1. Corporation Name
VISTA GARDENS ASSOCIATION, INC.



Principal Place of Business		Mailing Address	
20-A VISTA GARDENS TRL VERO BCH FL 32962 US		20-A VISTA GARDENS TRAIL VERO BEACH FL 32962 US	
2. Principal Place of Business	2a. Mailing Address		
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.		
22. City & State	27. City & State		
23. Zip	24. Country	28. Zip	29. Country
24	25	29	30

3. Date Incorporated or Qualified
12/03/1980

4. FEI Number
59-2106966

Applied For	
Not Applicable	

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**ELLIOTT, RICHARD D.
C/O ELLIOTT MERRILL COMMUNITY MGMT
1105-12TH STREET
VERO BEACH FL 32960**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	John Hoban -Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOWNSEND, JOHN	1.2 NAME	4 35 Vista Gardens Tr. #205
STREET ADDRESS	11-107 VISTA GARDENS TRAIL	1.3 STREET ADDRESS	35 Vista Gardens Tr. #205
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	Vero Beach, FL 32962
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BATT, RAYMOND	2.2 NAME	6 Everard Nicholson
STREET ADDRESS	36-106 VISTA GARDENS TRAIL	2.3 STREET ADDRESS	30 Vista Gardens Tr #206
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	Vero Beach, FL 32962
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	Dir <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, GILES W.	3.2 NAME	1 John Townsend
STREET ADDRESS	23-205 VISTA GARDENS TRAIL	3.3 STREET ADDRESS	11-107 Vista Gardens Trail
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	Vero Beach, FL 32962
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDLEY, RICHARD	4.2 NAME	2 Raymond Batt
STREET ADDRESS	22-102 VISTA GARDENS TRAIL	4.3 STREET ADDRESS	36-106 Vista Gardens Trail
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	Vero Beach, FL 32962
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALADIE, M G 'VAL'	5.2 NAME	M.G. Valadie
STREET ADDRESS	22-201 VISTA GARDENS TRAIL	5.3 STREET ADDRESS	22-201 Vista Gardens Trail
CITY-ST-ZIP	VERO BEACH FL	5.4 CITY-ST-ZIP	Vero Beach, FL 32962
TITLE	TD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	ELMIGER, FREDERICK	6.2 NAME	
STREET ADDRESS	37-202 VISTA GARDENS TRAIL	6.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Raymond W. Batt* 2/23/97

CR2E037 (10/97)