


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90036 016 ****61.25

DOCUMENT # 755375			
1. Entity Name VISTA GARDENS ASSOCIATION, INC.			
Principal Place of Business 20-A VISTA GARDENS TRL VERO BEACH, FL 32960 US		Mailing Address 835 20TH PLACE VERO BEACH, FL 32960 US	
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	
MERRILL, KAREN L 835 20TH PLACE 1405 12TH STREET VERO BEACH, FL 32960		Name <u>Karen L. Merrill</u> Street Address (P.O. Box Number is Not Acceptable) <u>835 20th Place</u> City <u>Vero Beach</u> FL Zip Code <u>32960</u>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		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 PD NAME BORTON, JOHN STREET ADDRESS 34 VISTA GARDENS TRAIL #101 CITY-ST-ZIP VERO BEACH, FL 32962	<input checked="" type="checkbox"/> Delete	TITLE PD NAME Thomson Theodore STREET ADDRESS 23 Vista Gardens Trail #202 CITY-ST-ZIP Vero Beach, FL 32962	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME BARRETT, ROBERT STREET ADDRESS 9 VISTA GARDENS TRAIL #207 CITY-ST-ZIP VERO BEACH, FL	<input checked="" type="checkbox"/> Delete	TITLE D NAME Seeves, Roger STREET ADDRESS 25 Vista Gardens Trail #104 CITY-ST-ZIP Vero Beach, FL 32962	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME REYNOLDS, GILES W. STREET ADDRESS 23-VISTA GARDENS TRAIL #205 CITY-ST-ZIP VERO BEACH, FL	<input type="checkbox"/> Delete	TITLE D NAME Brangenberg, Doris STREET ADDRESS 24 Vista Gardens Trail #207 CITY-ST-ZIP Vero Beach, FL 32962	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP NAME WALSH, BARTON W STREET ADDRESS 14 VISTA GARDENS TRAIL #202 CITY-ST-ZIP VERO BEACH, FL 32962	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME VALADIE, VAL STREET ADDRESS 22 VISTA GARDENS TRAIL #201 CITY-ST-ZIP VERO BEACH, FL 32962	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME WOHLBACH, HELEN STREET ADDRESS 9 VISTA GARDENS TRAIL #201 CITY-ST-ZIP VERO BEACH, FL 32962	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 reports 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>Bart W. Walsh</u>		Date <u>1-20-04</u> Daytime Phone # <u>(772) 770-9689</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			