## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

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

DOCUMENT # 755375  1. Entity Name VISTA GARDENS ASSOCIATION, INC.					04-05-2004 90036 016 ****61.25			
Principal Place of Business 20-A VISTA GARDENS TRL VERO BEACH, FL 32960 US  Mailing Address 835 20TH PLACE VERO BEACH, FL 32960 VERO BEACH, FL 32960							•	III (1881
Principal Place of Business 3. N		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01062004	Chg-NP	CR2E037 (10/03)	
City & State		City & State			4. FEI Number 59-21069	66	<del></del>	pplied For ot Applicable
Zìp	Country	Zip	· Country	/	5. Certificate of	Status Desired	\$8.75 Add	ditional
	6. Name and Address of Current F	Registered Agent			7. Name and Ac	Idress of New F	Registered Agent	
SMCB504-	KAREN	<u></u>	N	lame	men L.	Merri	<u> </u>	
835 20TH			S	Street Address (P.O. Box Number is New Acceptable)				
1 <del>105-12TH STREET</del>				835	Zath	Llace	<u>'</u>	
VERO BEA	ACH, FL 32960							
				ity Veri	Beac	h	FL Zin Cod	960
	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registered o	office or registe	red agent, or both,	in the State of Fl	orida. I am familiar with,	, and accept
f the obligation	ilons of registered agent.							
SIGNATURE		,				•		**,
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable: (NOT	E: Registered Age	ent signature require	d when reinstating)		DATE	
SIGIVATURE	Filing Fee is \$61.25	9. Election Car	npaign Finan	ncing	\$5.00 May Be		lake check payable t	
SIGNATURE	•		npaign Finan	ncing _			<del></del>	
10.	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIR	9. Election Car Trust Fund (	mpaign Finan Contribution.	ncing	\$5.00 May Be Added to Fees	Flo	flake check payable to rida Department of S	N 10
10.	Filing Fee is \$61.25 Due by May 1, 2004  OFFICERS AND DIR	9. Election Car Trust Fund (	mpaign Finan Contribution.	noing	\$5.00 May Be Added to Fees ADDITIONS/CHAN	Flor GES TO OFFICE	Make check payable trida Department of S	itate
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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 were developed in security and that my signature shall have the same legal effect as if made under oath; that I am an officer or director were do not secure this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if it all other like empowered. indicated on this report or supplemental report is true of the corporation or the receiver or trade employers changed, or on an attachment with an address. With a (772)

SIGNATURE:

1-20-04

770-9689 Daytime Phone #