


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90058 027 \*\*\*\*61.25

<b>DOCUMENT # 755375</b>					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 59-2106966				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MERRILL, KAREN L 835 20TH PLACE VERO BEACH, FL 32960			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LONG, THOMAS		NAME	PERROTTA, CATHERINE	
STREET ADDRESS	12 VISTA GARDENS TRAIL, #206		STREET ADDRESS	34 VISTA GARDENS TRAIL, #106	
CITY-ST-ZIP	VERO BEACH, FL 32962		CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, THEODORE		NAME	WARGO, MARGARET	
STREET ADDRESS	23 VISTA GARDENS TRAIL, #202		STREET ADDRESS	12 VISTA GARDENS TRAIL, #107	
CITY-ST-ZIP	VERO BEACH, FL 32962		CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VALADIE, VAL		NAME	PAGONLATOS, PAULINE	
STREET ADDRESS	22 VISTA GARDENS TRAIL, #201		STREET ADDRESS	23 VISTA GARDENS TRAIL, #101	
CITY-ST-ZIP	VERO BEACH, FL 32962		CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANGENBERG, DORIS		NAME		
STREET ADDRESS	24 VISTA GARDENS TRAIL, #207		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32962		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINIZO, ERNEST		NAME		
STREET ADDRESS	15 VISTA GARDENS TRAIL, #207		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32962		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANCZYK, JACK		NAME		
STREET ADDRESS	36 VISTA GARDENTRAIL, #206		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32962		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Thomas W. Long</u> <u>Tom Long</u>			Date: <u>3-15-07</u> Daytime Phone #: <u>772-562-0401</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

