


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90049 015 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01172008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2106966	
				Applied For 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 <i>Charles W. McKinnon</i>		
			Street Address (P.O. Box Number is Not Acceptable) <i>3055 Cardinal Drive</i>		
			City <i>Vero Beach</i> FL Zip Code <i>32963</i>		
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 <i>[Signature]</i>		(NOTE: Registered Agent signature required when reinstating)		DATE <i>3-4-08</i>	
Filing Fee is \$61.25 Due by May 1, 2008		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LONG, THOMAS		NAME		
STREET ADDRESS	12 VISTA GARDENS TRAIL, #206		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32962		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMPSON, THEODORE		NAME		
STREET ADDRESS	23 VISTA GARDENS TRAIL, #202		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32962		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VALADIE, VAL		NAME		
STREET ADDRESS	22 VISTA GARDENS TRAIL, #201		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32962		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PERROTTA, CATHERINE		NAME		
STREET ADDRESS	34 VISTA GARDENS TRAIL #106		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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WARGO, MARGARET		NAME		
STREET ADDRESS	12 VISTA GARDENS TRAIL #107		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: <i>Thomas W. Long</i>		THOMAS W. LONG		2/21/08 772-562-0401	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	