


**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # 755375</b>		
1. Entity Name <b>VISTA GARDENS ASSOCIATION, INC.</b>		
Principal Place of Business <b>20-A VISTA GARDENS TRL VERO BEACH, FL 32960 US</b>		Mailing Address <b>ELLIOTT MERRILL NGMT. VERO BEACH, FL 32960 US</b>
2. Principal Place of Business		3. Mailing Address <b>835 20th Place</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State <b>Vero Beach, FL</b>
Zip	Country	Zip Country <b>32960 USA</b>
4. FEI Number <b>59-2106966</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
MERRILL, KAREN L C/O ELLIOTT MERRILL COMMUNITY MGMT 1105-12TH STREET VERO BEACH, FL 32960		Name Street Address (P.O. Box Number is Not Acceptable) <b>835 20th Place</b> City <b>Vero Beach</b> FL Zip Code <b>32960</b>
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>Robert Barrett</i>		SIGNATURE <i>Karen L Merrill</i> DATE <b>2/5/03</b>
SIGNATURE TYPED OR PRINTED NAME OF REGISTERED AGENT AND TITLE IF APPLICABLE		(NOTE: Registered Agent signature required when registering)
FILE NOW FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> 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 NAME STREET ADDRESS CITY-ST-ZIP	PD RANDALL, DICK 41 VISTA GARDENS TR #203 VERO BEACH, FL 32960 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<b>Borton, John</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 34 Vista Gardens Trail #101 Vero Beach, FL 32062 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRETT, ROBERT 9 VISTA GARDENS TRAIL #207 VERO BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REYNOLDS, GILES W. 23-VISTA GARDENS TRAIL #205 VERO BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOBAN, JOHN 36 VISTA GARDENS TR., #205 VERO BEACH, FL 32962 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<b>Walsh, Barton W.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14 Vista Gardens Trail #202 Vero Beach, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VALADIE, VAL 22 VISTA GARDENS TRAIL #201 VERO BEACH, FL 32962 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOHLBACH, HELEN 9 VISTA GARDENS TRAIL #201 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 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>Robert Barrett</i>		DATE: <b>2/4/03</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #
<b>ROBERT BARRETT, PRESIDENT</b>		

CR2EG37 (10/02)