2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mar 28, 2006 8:00 am Secretary of State 03-28-2006 90121 013 ****61.25 **DOCUMENT #757279** VISTA ROYALE PROPERTY OWNERS ASSOCIATION. INC. Principal Place of Business Mailing Address 100 VISTA ROYALE BLVD 100 VISTA ROYALE BLVD VERO BEACH, FL 32962-0799 VERO BEACH, FL 32962-0799 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number 59-2364239 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CLEMENTE, LOIS REID 6606 20TH ST. Street Address (P.O. Box Number is Not Acceptable) VERO BEACH, FL 32966 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Due by May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PTD TITLE ☐ Delete TITLE Change ☐ Addition NAME KURTZ, JOHN C NAME STREET ADDRESS 100 VISTA ROYALE BLVD STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL CITY-ST-ZIP DS TITLE ☐ Delete TITLE Change ☐ Addition BARRETT, ROBERT NAME STREET ADDRESS 235 GRAND ROYALE CIRCLE #202 STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 33962 CITY-ST-7IP TITLE D ☐ Delete TITLE ☐ Chance ☐ Addition **DVORAN2, CHARLES** NAME STREET ADDRESS 300 GRAND ROYALE CIRCLE #206 STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32962 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP

12. Thereby 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 frustee employees to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receip changed, or on an arrachment

NAME

STREET ADDRESS CITY+ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTE OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition

FILED