

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 6, 1995.  
AMOUNT DUE ON OR BEFORE 8/6/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 14 AM 9:27

**DOCUMENT # 762124 (6)**

1. Corporation Name  
**VISTA ST. LUCIE ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**30 A LAKE VISTA TRAIL PT ST LUCIE FL 34952**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/26/1982</b>	3a. Date of Last Report <b>03/08/1994</b>
4. FEI Number <b>59-2314873</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent  
**CORNETT, JANE L., ESQ.  
WACKEEN, CORNETT & GOOGE, P.A.  
401 EAST OSCEOLA ST.  
STUART FL 34994**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	NAME <b>KEENAN, ROBERT</b>	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>28 LAKE VISTA TR #102</b>	CITY - ST - ZIP <b>PT ST. LUCIE FL</b>	12 NAME	
		13 STREET ADDRESS	
		14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b>	NAME <b>GUARINO, MARIE</b>	21 TITLE	
STREET ADDRESS <b>27 LAKE VISTA TRL #102</b>	CITY - ST - ZIP <b>PORT ST. LUCIE FL</b>	22 NAME	
		23 STREET ADDRESS	
		24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>TD</b>	NAME <b>EICHNER, WALTER</b>	31 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>18 LAKE VISTA TR. #105</b>	CITY - ST - ZIP <b>PORT ST. LUCIE FL</b>	32 NAME	<b>HANK HEINLEIN</b>
		33 STREET ADDRESS	<b>33 LAKE VISTA TRAIL #107</b>
		34 CITY - ST - ZIP	<b>PORT ST. LUCIE, FL 34952</b>
TITLE <b>D</b>	NAME <b>GREHL, DOROTHEA</b>	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>25 LAKE VISTA TR. #101</b>	CITY - ST - ZIP <b>PORT ST. LUCIE FL</b>	42 NAME	
		43 STREET ADDRESS	
		44 CITY - ST - ZIP	
TITLE <b>D</b>	NAME <b>SCOFIELD, JERRY</b>	51 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>18 LAKE VISTA TRL #207</b>	CITY - ST - ZIP <b>PORT ST. LUCIE FL</b>	52 NAME	<b>ALBERT DEJOSEPH</b>
		53 STREET ADDRESS	<b>18 LAKE VISTA TRAIL #205</b>
		54 CITY - ST - ZIP	<b>PORT ST. LUCIE, FL 34952</b>
TITLE <b>P</b>	NAME <b>WOESSNER, FRANK</b>	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>28 LAKE VISTA TR #202</b>	CITY - ST - ZIP <b>PT ST LUCIE FL</b>	62 NAME	
		63 STREET ADDRESS	
		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **C.N. Smith, Treas.** 6-8-95 407-878-6632  
DATE: \_\_\_\_\_ OFFICE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/95)