

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **762124** (6)
1. Corporation Name
VISTA ST. LUCIE ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: **02/26/1982**
3a. Date of Last Report: **06/14/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2314873	Applied For <input type="checkbox"/>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		
25. Country	30. Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CORNETT, JANE L., ESQ. WACKEEN, CORNETT & GOOGE, P.A. 401 EAST OSCELOA ST. STUART FL 34994		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL
	85. Zip Code		

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	T Jones, Robert A. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEENAN, ROBERT	1.2 NAME	33 Lake Vista Trail #102
STREET ADDRESS	28 LAKE VISTA TR #102	1.3 STREET ADDRESS	Port St. Lucie, Fl 34952
CITY-ST-ZIP	PT ST. LUCIE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUARINO, MARIE	2.2 NAME	
STREET ADDRESS	27 LAKE VISTA TRL #102	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEINLEIN, HANK	3.2 NAME	
STREET ADDRESS	33 LAKE VISTA TRAIL #107	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S Morris, Samuel T. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREHL, DOROTHEA	4.2 NAME	28 Lake Vista Trail #202
STREET ADDRESS	25 LAKE VISTA TR. #101	4.3 STREET ADDRESS	Port St. Lucie, Fl 34952
CITY-ST-ZIP	PORT ST. LUCIE FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	V Heinlein, Hank <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEJOSEPH, ALBERT	5.2 NAME	33 Lake Vista Trail #107
STREET ADDRESS	18 LAKE VISTA TRAIL #205	5.3 STREET ADDRESS	Port St. Lucie, Fl 34952
CITY-ST-ZIP	PORT ST. LUCIE FL	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOESSNER, FRANK	6.2 NAME	
STREET ADDRESS	26 LAKE VISTA TR #202	6.3 STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE FL	6.4 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 119.07(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: Samuel T. Morris, Sec. 4-16-96 (407)878-6632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)