


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 20 1997 8:00am  
Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 762124 (6)**

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



|  |   |
|--|---|
| Principal Place of Business<br><b>30 A LAKE VISTA TRAIL<br/>PT ST LUCIE FL 34952</b> | Mailing Address<br><b>30 A LAKE VISTA TRAIL<br/>PT ST LUCIE FL 34952-6370</b> |
|--|---|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>02/26/1982</b> | 3a. Date of Last Report<br><b>04/22/1996</b> |
|--|--|

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

|  |  |
|--|--|
| 4. FEI Number<br><b>59-2314873</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

**CORNETT, JANE L., ESQ.  
WACKEEN, CORNETT & GOOGE, P.A.  
401 EAST OSCELOA ST.  
STUART FL 34994**

10. Name and Address of New Registered Agent

|  |                                |
|--|--------------------------------|
| 81 Name<br><b>CAMCO SERVICES INC.</b>  |                                |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>4445 N. AIA Suite 150A</b> |                                |
| 83<br><b>ATTN. PAUL PALESTRINI</b>   |                                |
| 84 City<br><b>VERO BEACH</b>   | 85 Zip Code<br><b>FL 32963</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 617.0508, Florida Statutes.

SIGNATURE *Paul Palestini* DATE **4-18-97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |  |
|----------------|--|
| TITLE          | <input type="checkbox"/> DELETE            |
| NAME           | <b>JONES, ROBERT A.</b>                    |
| STREET ADDRESS | <b>33 LAKE VISTA TRAIL #102</b>            |
| CITY-ST-ZIP    | <b>PT ST. LUCIE FL</b>                     |
| TITLE          | <input type="checkbox"/> DELETE            |
| NAME           | <b>D GUARINO, MARIE</b>                    |
| STREET ADDRESS | <b>27 LAKE VISTA TRL #102</b>              |
| CITY-ST-ZIP    | <b>PORT ST. LUCIE FL</b>                   |
| TITLE          | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>D HEINLEIN, HANK</b>                    |
| STREET ADDRESS | <b>33 LAKE VISTA TRAIL #107</b>            |
| CITY-ST-ZIP    | <b>PORT ST. LUCIE FL</b>                   |
| TITLE          | <input type="checkbox"/> DELETE            |
| NAME           | <b>S MORRIS, SAMUEL T.</b>                 |
| STREET ADDRESS | <b>28 LAKE VISTA TRAIL #202</b>            |
| CITY-ST-ZIP    | <b>PORT ST. LUCIE FL</b>                   |
| TITLE          | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>V HEINLEIN, HANK</b>                    |
| STREET ADDRESS | <b>33 LAKE VISTA TRAIL #107</b>            |
| CITY-ST-ZIP    | <b>PORT ST. LUCIE FL</b>                   |
| TITLE          | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>P WOESSNER, FRANK</b>                   |
| STREET ADDRESS | <b>26 LAKE VISTA TR #202</b>               |
| CITY-ST-ZIP    | <b>PT ST LUCIE FL</b>                      |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | <b>TONY FOSSACECA</b>   |
| 3.3 STREET ADDRESS | <b>28 LAKE VISTA TRAIL #101</b>   |
| 3.4 CITY-ST-ZIP    | <b>PORT ST. LUCIE, FL34952</b>  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| 5.2 NAME           | <b>WALTER EICHNER</b>   |
| 5.3 STREET ADDRESS | <b>30 LAKE VISTA TRAIL #106</b>   |
| 5.4 CITY-ST-ZIP    | <b>PORT ST. LUCIE, FL34952</b>  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| 6.2 NAME           | <b>DONALD FAGGIANI</b>  |
| 6.3 STREET ADDRESS | <b>12 LAKE VISTA TRAIL #207</b>   |
| 6.4 CITY-ST-ZIP    | <b>PORT ST. LUCIE, FL34952</b>  |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

CR2E037 (9/96)