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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762124

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/26/1982

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2314873

Applied For
Not Applicable

23 City & State

28 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

24 Zip 25 Country

29 Zip 30 Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMCO SERVICES INC
4445 N A1A STE 150A
ATTN: PALESTRINI, PAUL
VERO BCH FL 32963

81 Name

FRANK H. MADSEN

82 Street Address (P.O. Box Number is Not Acceptable)

30-A LAKE VISTA TRAIL

83

84 City
PORT ST. LUCIE

FL

85 Zip Code
34952

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

FRANK H. MADSEN

Frank H. Madsen

3/3/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~IS S~~ DELETE
NAME JONES, ROBERT A.
STREET ADDRESS 33 LAKE VISTA TRAIL #102
CITY-ST-ZIP PT ST. LUCIE FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D DELETE
NAME LISUK, GEORGE
STREET ADDRESS 22 LAKE VISTA TRL #101
CITY-ST-ZIP PORT ST. LUCIE FL 34952

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME GARONE, PAT
STREET ADDRESS 8 LAKE VISTA TRAIL #102
CITY-ST-ZIP PORT ST. LUCIE FL 34952

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME MORRIS, SAMUEL T.
STREET ADDRESS 28 LAKE VISTA TRAIL #202
CITY-ST-ZIP PORT ST. LUCIE FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ~~IS VT~~ DELETE
NAME EICHNER, WALTER
STREET ADDRESS 30 LAKE VISTA TRAIL #106
CITY-ST-ZIP PORT ST. LUCIE FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE P DELETE
NAME FAGGIANI, DONALD
STREET ADDRESS 12 LAKE VISTA TRAIL #207
CITY-ST-ZIP PT ST LUCIE FL

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

WALTER EICHNER Walter Eichner Treas 3/3/99

561-878-4433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)