

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762124

1. Entity Name

VISTA ST. LUCIE ASSOCIATION, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90084 022 ****61.25

Principal Place of Business

Mailing Address

**30 A LAKE VISTA TRAIL
PT ST LUCIE FL 34952**

**30 A LAKE VISTA TRAIL
PT ST LUCIE FL 34952-6370**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2314873

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MADSEN, FRANK H
30-A LAKE VISTA TRAIL
PT ST LUCIE FL 34952**

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Delete
NAME	JONES, ROBERT A.	
STREET ADDRESS	33 LAKE VISTA TRAIL #102	
CITY-ST-ZIP	PT ST. LUCIE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LISUK, GEORGE	
STREET ADDRESS	22 LAKE VISTA TRL #101	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARONE, PAT	
STREET ADDRESS	8 LAKE VISTA TRAIL #102	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRIS, SAMUEL T.	
STREET ADDRESS	28 LAKE VISTA TRAIL #202	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	EICHNER, WALTER	
STREET ADDRESS	30 LAKE VISTA TRAIL #106	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	FAGGIANI, DONALD	
STREET ADDRESS	12 LAKE VISTA TRAIL #207	
CITY-ST-ZIP	PT ST LUCIE FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Walter Eichner
REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 2, 2000
 Date

561-878-7035
 Daytime Phone #

CR2E037 (9/99)