

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90066 048 ****61.25

DOCUMENT # 762124

1. Entity Name

VISTA ST. LUCIE ASSOCIATION, INC.

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**

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	T	<input checked="" type="checkbox"/> Delete
NAME	JONES, ROBERT A.	
STREET ADDRESS	33 LAKE VISTA TRAIL #102	
CITY-ST-ZIP	PT ST. LUCIE FL	
TITLE	D	<input checked="" 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	S	<input type="checkbox"/> Delete
NAME	MORRIS, SAMUEL T.	
STREET ADDRESS	28 LAKE VISTA TRAIL #202	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GLAUBITZ, WARNER	
STREET ADDRESS	25 LAKE VISTA TRAIL #202	
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	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT FIELDING	
STREET ADDRESS	7 LAKE VISTA TRAIL #207	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD HILL	
STREET ADDRESS	33 LAKE VISTA TRAIL #202	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
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.

DONALD FAGGIANI, PRESIDENT

SIGNATURE: *Donald Faggiani*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-02
 Date

878-1632
 Daytime Phone #

CR2E037 (9/01)