


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90028 044 \*\*\*\*61.25

<b>DOCUMENT # 762124</b>	
1. Entity Name <b>VISTA ST. LUCIE ASSOCIATION, INC.</b>	

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



MOORE CR2E037 (11/03)

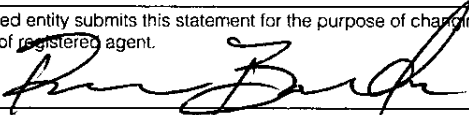
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-2314873</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>MADSEN, FRANK H 30-A LAKE VISTA TRAIL PT ST LUCIE FL 34952</b>	
--	--

7. Name and Address of New Registered Agent	
Name <b>RAMON BASANTE JR</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>30-A LAKE VISTA TRAIL</b>	
City <b>Port St. Lucie, FL 34952</b>	
City	Zip Code <b>FL 34952</b>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **2/27/04**

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

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
--	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>FIELDING, ROBERT</b> <b>7 LAKE VISTA TRAIL #207</b> <b>PORT SAINT LUCIE FL 34952</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HILL, RICHARD</b> <b>33 LAKE VISTA TRAIL #202</b> <b>PORT ST. LUCIE FL 34952</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GARONE, PAT</b> <b>8 LAKE VISTA TRAIL #102</b> <b>PORT ST. LUCIE FL 34952</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MORRIS, SAMUEL T.</b> <b>28 LAKE VISTA TRAIL #202</b> <b>PORT ST. LUCIE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>GLAUBITZ, WARNER</b> <b>25 LAKE VISTA TRAIL #202</b> <b>PORT ST. LUCIE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FAGGIANI, DONALD</b> <b>12 LAKE VISTA TRAIL #207</b> <b>PT ST LUCIE FL</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Robert A. Jones</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>33 LAKE VISTA TRAIL</b> <b>Port St. Lucie, FL 34952</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Date **7/28/04** Daytime Phone # **772-898-6632**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #