

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90050 011 ****61.25

DOCUMENT # 762124
 1. Entity 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

40123673



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

06282007 Chg-NP CR2E037 (12/06)

City & State
 City & State

Zip
 Country

4. FEI Number
 59-2314873

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MCINTYRE, THOMAS
 30-A LAKE VISTA TRAIL
 PT ST LUCIE, FL 34952

7. Name and Address of New Registered Agent

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

SIGNATURE Thomas F. McIntyre THOMAS F. MCINTYRE-PROPERTY MGR. 7/3/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 14, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	CHANDLER, DONNA	
STREET ADDRESS	8 LAKE VISTA TRL 204	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSENTHAL, WILLIAM	
STREET ADDRESS	1 LAKE VISTA TRL 201	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSIN, DONALD	
STREET ADDRESS	27 LAKE VISTA TRL 106	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952	
TITLE	P	<input type="checkbox"/> Delete
NAME	DESROCHERS, JOSEPH	
STREET ADDRESS	4 LAKE VISTA TRAIL, # 201	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ANDRVSZKO, RAYMOND	
STREET ADDRESS	30 LAKE VISTA TRAIL, # 204	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952	
TITLE	VP	<input type="checkbox"/> Delete
NAME	OLESKY, LORRAINE	
STREET ADDRESS	16 LAKE VISTA TRAIL, # 205	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROACH, DONALD	
STREET ADDRESS	27 LAKE VISTA TRAIL #106	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIANE GALLERY	
STREET ADDRESS	32 LAKE VISTATRAIL # 201	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOLORES PORRITT	
STREET ADDRESS	16 LAKE VISTA TRAIL #204	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Joseph DesRochers JOSEPH DESROCHERS PRESIDENT 7/3/07 (772) 878-6632
Signature and typed or printed name of signing officer or director Date Daytime Phone #