

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

03-06-2003 90121 015 \*\*\*\*61.25

0061832

**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

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

MADSEN, FRANK H  
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 FRANK H. MADSEN

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

(NOTE: Registered Agent signature required when reinstating)

3/3/03  
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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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: WARNER GLAUBITZ

March 03 2003 Vice Pres

CR2E037 (10/02)