2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# 762449

Entity Name: VISTA DEL LARGO ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-2373573 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: KING, DALE
Address: 1907 OAK CIR
City-St-Zip: TAVARES, FL 32778

Title: PD ( ) Delete
Name: WRIGHT, SIDNEY
Address: 1936 MAPLE CIR
City-St-Zip: TAVARES, FL 32778

Title: SD ( ) Delete
Name: BOULWARE, DEBORAH
Address: 1913 OAK CIR
City-St-Zip: TAVARES, FL 32778

Title: D ( ) Delete
Name: STEPHENSON, RICHARD
Address: 1919 SYCAMORE CIR
City-St-Zip: TAVARES, FL 32778

Title: TD ( ) Delete
Name: ROWIN, JEANE
Address: 400 PINECREST RD
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: REGA, JERRY
Address: 1931 MAPLE CIR
City-St-Zip: TAVARES, FL 32778

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: VAUGHN, VONNA
Address: 1960 MAGNOLIA CIR
City-St-Zip: TAVARES, FL 32778

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIDNEY WRIGHT PD 03/19/2009

Electronic Signature of Signing Officer or Director Date