

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 763112

1. Entity Name
VISTA HILLS HOMEOWNERS' ASSOCIATION, INC.



05 OCT 23 10:37

Principal Place of Business
6122 RANIER DR
ORLANDO, FL 32810 US

Mailing Address
PO BOX 767
CLARCONA, FL 32710 US

2. Principal Place of Business

5690 Westview Drive

3. Mailing Address

Suite, Apt. #, etc.



REINSTATEMENT

06

City & State
Orlando, FL

City & State

4. FEI Number
59-2746871

Applied For
Not Applicable

Zip
32810

Country
US

Zip

Country

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

6. Name and Address of Current Registered Agent

JOHNSON, DAVID
5507 WESTVIEW DR.
ORLANDO, FL 32810

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

100081117091
10/23/06--01042--010 **236.25

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

David Johnson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10-11-06

FILE NOW!!! FEE IS \$236.25
After January 1, 2007, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COOK, MYRTA C 6203 RANIER DR. ORLANDO, FL 32810	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, DAVID 5507 WESTVIEW DR ORLANDO, FL 32810	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRESELY, DALE 5690 WESTVIEW DRIVE ORLANDO, FL 32810	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, MARSHA 5507 WESTVIEW DR. ORLANDO, FL 32810	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Felicia Presely 5690 Westview Drive Orlando, FL 32810	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Karen Ragone 5689 Westview Drive Orlando, FL 32810	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dale Presely 5690 Westview Drive Orlando, FL 32810	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hector Perez 5511 Long Lake Dr. Orlando, FL 32810	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carietha Johnson 5690 Westview Dr. Orlando, FL 32810	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Myrta C Cook 6203 Ranier Dr. Orlando, FL 32810	☒ Change ☐ Addition

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: *Felicia Presely* / Felicia Presely 10-11-06 298-0754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B. Mitchell OCT 10 2006