

**2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N00000006945

**FILED**  
**Nov 29, 2004**  
**Secretary of State****Entity Name:** VISTA PARK HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**2025 FLORENCE VILLA GROVE ROAD  
DAVENPORT, FL 33837**New Principal Place of Business:**2025 FLORENCE VILLA GROVE ROAD  
DAVENPORT, FL 33897**Current Mailing Address:**2025 FLORENCE VILLA GROVE ROAD  
DAVENPORT, FL 33837**New Mailing Address:**2025 FLORENCE VILLA GROVE ROAD  
DAVENPORT, FL 33897**FEI Number:** 59-3677195**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WEUING, DEREK  
2025 FLORENCE VILLA GROVE ROAD  
DAVENPORT, FL 33837 US**Name and Address of New Registered Agent:**WELLING, DEREK  
2025 FLORENCE VILLA GROVE ROAD  
DAVENPORT, FL 33897 US

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: DEREK A WELLING

11/29/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WELLING, DEREK  
Address: 321 VISTA DRIVE  
City-St-Zip: DAVENPORT, FL 33837

Title: D ( ) Delete  
Name: WELLING, JESSY  
Address: 321 VISTA VIEW LOOP  
City-St-Zip: DAVENPORT, FL 33837

Title: D ( ) Delete  
Name: PIRELLA, JOAO  
Address: 2025 FLORENCE VILLA GROVE ROAD  
City-St-Zip: DAVENPORT, FL 33837

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: WELLING, DEREK A MR  
Address: 321 VISTA DRIVE  
City-St-Zip: DAVENPORT, FL 33897

Title: D (X) Change ( ) Addition  
Name: THOMPSON, WILLIAM B MR  
Address: 55 CLARE ROAD, GILFORD  
City-St-Zip: CRAIGAVON, CO. ARMAGH, UK BT63 6AG UK

Title: D (X) Change ( ) Addition  
Name: THOMPSON, MARIAN F MRS  
Address: 55 CLARE ROAD, GILFORD  
City-St-Zip: CRAIGAVON, CO. ARMAGH, UK BT63 6AG UK

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BARRY THOMPSON

D

11/29/2004

Electronic Signature of Signing Officer or Director

Date