2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006
Secretary of State

DOCUMENT# N00000006945

Entity Name: VISTA PARK HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2025 FLORENCE VILLA GROVE ROAD
DAVENPORT, FL 33897

New Principal Place of Business:

Current Mailing Address:

2025 FLORENCE VILLA GROVE ROAD
DAVENPORT, FL 33897

New Mailing Address:

FEI Number: 59-3677195 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

THOMPSON, BARRY W
2025 FLORENCE VILLA GROVE ROAD
DAVENPORT, FL 33897 US

Name and Address of New Registered Agent:

THOMPSON, WILLIAM B
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: BARRY THOMPSON 05/30/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D ( ) Change (X) Addition
Name: JOSWIAK, KENNETH MR
Address: 750 SPIROFF DRIVE
City-St-Zip: MILFORD, MI 48380 US

I hereby certify that the information supplied with this filing does not qualify for the 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: BARRY THOMPSON D 05/30/2006
Electronic Signature of Signing Officer or Director Date