

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004581

FILED
Mar 20, 2009
Secretary of State

Entity Name: VISTA POINTE HOMEOWNERS ASSOCIATION OF BREVARD COUNTY, INC.

Current Principal Place of Business:

5062 BOGEY PL
COCOA, FL 32927

New Principal Place of Business:

Current Mailing Address:

5062 BOGEY PL
COCOA, FL 32927

New Mailing Address:

FEI Number: 01-0665268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONALD, HAROLD M III
5062 BOGEY PL
COCOA, FL 32927 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: P () Delete
Name: MCDONALD, HAROLD M III
Address: 5062 BOGEY PL
City-St-Zip: COCOA, FL 32927

Title: V () Delete
Name: CASTILLO, BETSY
Address: 5032 BOGEY PL
City-St-Zip: COCOA, FL 32927

Title: S/T () Delete
Name: MESSER, KELLY
Address: 5051 BOGEY PL
City-St-Zip: COCOA, FL 32927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: HAROLD M. MCDONALD III

P

03/20/2009

Electronic Signature of Signing Officer or Director

Date