2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

05-01-2006 90356 012 ****61.25

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| 1. Entity Nam VISTAS C INC. | | GULF CONDOMIN | IUM ASSOCIATIO | ν, (ξ | | | | | |
|---|---|---|---|--|--|--|---|--|--|
| Principal Place of Business 4000 GULF BLVD. ST. PETE BEACH, FL 33706 Mailing Address TOTAL REALTY SERVICES INC 16401 GULF BLVD SAINT PETERSBURG, FL 337 | | | | | 73530 | | 178 E 1 103 E | | |
| 2. Principal P | 280 | 7 | 3. Mailing Address | محكم | ve | | | I III II III | 0] 50 |
| Suite, Apt. | | | Suite, Apt. #, etc. | | | 02142006 Chg | -NP CR2E0 | 37 (11/05) | |
| City & State | e | | City & State | | | 4. FEI Number 42-1568822 | | No | plied For t Applicable |
| Zip | | Country | Zip | Count | ry | 5. Certificate of Stat | | \$8.75 Add Fee Required | |
| | 6. Name | and Address of Current | Registered Agent | - | Nome | 7. Name and Addre | ess of New Registered | Agent | |
| BRAINARD, C. SCOTT 100 SECOND AVE. SOUTH, STE. 701 ST. PETERSBURG, FL 33701 | | | Name To tal Realty Services, Inc. Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | | | | | City | ra Beach | Blvd Fl | Zip Code | |
| 8. The above the obligat | named entity tions of regist | y submits this statement for ered agent. | or the purpose of changing | | office or registe | ered agent, or both, in the | ` | | and accept |
| SIGNATURE . | Do Signature, typed | reen normal of registered agent | and title if applicable. | CESI (| DeU4 | ed when reinstating) | U | 19-01 | φ |
| | | | | | | | | | |
| | _ | e is \$61.25 lay 1, 2006 | | Campaign Fina d Contribution | | \$5.00 May Be Added to Fees | Make chec Florida Depa | k payable to | |
| 10. | Due by N | | Trust Fun | | | Added to Fees | | rtment of St | ate |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP | P THEAJHE | Aay 1, 2006 OFFICERS AND DIER, BESSIA RDEN RETREAT | Trust Fun | d Contribution 11. TITLE NAME | ADDRESS 101 | Added to Fees | Florida Depa STO OFFICERS AND D Sher Refreat | RECTORS IN | ate |
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SIGNATURE:

Mount manage of SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

^{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.