2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009071

FILED Apr 30, 2009 Secretary of State

Entity Name: VISTAS ON THE GULF CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
4000 GULF ST. PETE I	FBLVD. BEACH, FL 3	33706					
Current Mailing Address:				New Mailing Address:			
13030 GULF BLVD SAINT PETERSBURG, FL 33708				4000 GULF BLVD SAINT PETE BEACH, FL 33706			
FEI Number:	42-1568822	FEI Number Applied For()	FEI Num	nber Not Appl	icable()	Certificat	e of Status Desired ()
Name and	Address of	Current Registered Agent:		Name and	Address of N	ew Regi	stered Agent:
TOTAL REALTY SERVICES, INC 13030 GULF BLVD MADEIRA BEACH, FL 33708 US				LIBERTE MANAGEMENT 10681 GULF BLVD SUITE 207 TREASURE ISLAND, FL 33706 US			
The above in the State		submits this statement for the p	ourpose of	f changing i	ts registered o	ffice or re	egistered agent, or both,
SIGNATURE: DENNIS F. DITINNO						04	1/30/2009
	Electro	nic Signature of Registered Age	ent				Date
OFFICERS	AND DIREC	CTORS:		ADDITION	S/CHANGES	TO OFFI	CERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	P (YOUNG, TERF 773 TENNYSO WHEATON, IL	N DR		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	VP (SANDROSS, L 7802 BIRCHW HAMBURG, N	OOD DR		Title: Name: Address: City-St-Zip:	S (X) SANDROSS, LII 7802 BIRCHWO KENT, OH 4424	OOD DR) Addition
Title: Name: Address: City-St-Zip:	SCHACK, JAN 26360 HUNTIN			Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	COLAIANNI, J	SENTGWICK ST		Title: Name: Address: City-St-Zip:	COLAIANNI, JAI 1924 NORTH S	ENTGWIC	
Title: Name: Address: City-St-Zip:	S (SCANLON, DA 2793 COUNTE HAMBURG, N	Y GREEN		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	D (SANDVOSS, L 7802 BIRCHW KENT, OH 44:	OOD DRIVE		Title: Name: Address: City-St-Zip:	()	Change () Addition

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: LINDA SANDVOSS S 04/30/2009