

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90040 046 ****61.25

DOCUMENT # N02748

1. Entity Name

LAS VISTAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**351 BAY FOREST DR.
 NAPLES FL 34110
 US**

Mailing Address

**351 BAY FOREST DR.
 NAPLES FL 34110-037
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2800324

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SCHMIDT, ROBERT G.
 351 BAY FOREST DR.
 NAPLES FL 33963**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHMIDT, ROBERT G. 351 BAY FOREST DR. NAPLES FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HURST, KENNETH T. 359 BAY FOREST DR. NAPLES FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHMIDT, NANCY S. 351 BAY FOREST DR. NAPLES FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WUBBE, MARY ELLEN 363 BAY FOREST DR NAPLES FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EUGENE F. VON ARX 365 BAY FOREST DR NAPLES, FLORIDA 34110	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WUBBE, MARY ELLEN 359 BAY FOREST DR NAPLES, FLORIDA 34110	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE:

Nancy S. Schmidt
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/01 941-597-4361
 Date Daytime Phone #

CR2E037 (10/00)