

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90263 039 ****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
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2. Principal Place of Business 359 Bay Forest Dr.	3. Mailing Address 359 Bay Forest Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Naples FL	City & State Naples FL
Zip 34110	Country US
Zip 34110	Country US



02242005 Chg-NP CR2E037 (10/03)

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 Wubbe, John L. Street Address (P.O. Box Number is Not Acceptable) 359 Bay Forest Dr. City Naples FL Zip Code 34110
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John L. Wubbe* PRES. DATE 3-3-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	PD John L. Wubbe ☒ Change ☐ Addition 359 Bay Forest Dr. Naples FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VONARX, EUGENE F 365 BAY FOREST DR NAPLES, FL 34110 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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	TO Mary Ellen Wubbe ☒ Change ☐ Addition 359 Bay Forest Dr. Naples FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WUBBE, MARY ELLEN 359 BAY FOREST DR NAPLES, FL 34110 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: Mary Ellen Wubbe Mary Ellen Wubbe 3/03/05 239-591-1345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #