

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 22, 2007 08:00 AM
Secretary of State**

DOCUMENT # N02748

1. Entity Name
LAS VISTAS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**359 BAY FOREST DR
NAPLES, FL 34110 US**

Mailing Address
**359 BAY FOREST DR
NAPLES, FL 34110 US**



02192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2800324	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WUBBE, JOHN L
359 BAY FOREST DR
NAPLES, FL 34110**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WUBBE, JOHN L 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WUBBE, MARY ELLEN 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/02/07-80020-011 61.25

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Mary Ellen Wubbe Mary Ellen Wubbe 2/20/07 239-591-1345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #