FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 18 PM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02845 (8)

1. Corporation Name

VISTA PLANTATION ASSOCIATION, INC.

Principal Place of Business	Mailing Address
49 PLANTATION DRIVE VERO BCH. FL 32966	49 PLANTATION DRIVE VERO BCH. FL 32966

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/01/1964
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2801815 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

PROFFITT, RAY
100 VISTA ROYALE BLVD.
VERO BEACH FL 32962

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	KOLBENHEYTER, HOWARD J	1.2 NAME	WALLACE BAINES	
STREET ADDRESS	27 PLANTATION DR, APT 204	1.3 STREET ADDRESS	45 PLANTATION DRIVE, #204	
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	VERO BEACH, FL 32966	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	MANYAK, GERRY	2.2 NAME	EDMUND HAGUE	
STREET ADDRESS	41 PLANTATION DR, APT 101	2.3 STREET ADDRESS	35 PLANTATION DRIVE, #206	
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	VERO BEACH, FL 32966	
TITLE	TD	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	COSIER, ROY	3.2 NAME	MILLARD BOYD	
STREET ADDRESS	17 PLANTATION DR, APT 101	3.3 STREET ADDRESS	28 PLANTATION DRIVE, #205	
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	VERO BEACH, FL 32966	
TITLE	SD	4.1 TITLE	D	☒ Change ☐ Addition
NAME	HAGUE, EDMUND	4.2 NAME	LEO MARSH	
STREET ADDRESS	35 PLANTATION DR, APT 206	4.3 STREET ADDRESS	14 PLANTATION DRIVE, #103	
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	VERO BEACH, FL 32966	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	BAINES, WALLACE	5.2 NAME	WILLIAM WAMPLER	
STREET ADDRESS	45 PLANTATION DR, APT 204	5.3 STREET ADDRESS	4 PLANTATION DRIVE, #203	
CITY-ST-ZIP	VERO BEACH FL	5.4 CITY-ST-ZIP	VERO BEACH, FL 32966	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	TRULLI, ALPHONSO	6.2 NAME	GERRY MANYAK	
STREET ADDRESS	32 PLANTATION DR, APT 202	6.3 STREET ADDRESS	41 PLANTATION DRIVE, #101	
CITY-ST-ZIP	VERO BEACH FL	6.4 CITY-ST-ZIP	VERO BEACH, FL 32966	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: WALLACE BAINES, PRESIDENT *Wallace Baines* January 4, 1995 (407)-569-2226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C03N95