
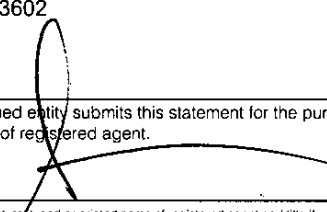
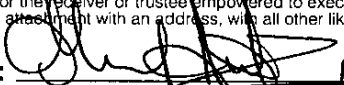


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90181 048 \*\*\*\*61.25

<b>DOCUMENT # N03000001390</b> 1. Entity Name <b>VISTA RIDGE HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>1717 E FOWLER AVE TAMPA, FL 33612</b>		Mailing Address <b>1717 E FOWLER AVE TAMPA, FL 33612</b>	
2. Principal Place of Business <b>7001 Temple Terrace Highway</b> Suite, Apt. #, etc.		3. Mailing Address <b>7001 Temple Terrace Highway</b> Suite, Apt. #, etc.	
City & State <b>Temple Terrace, FL</b> Zip <b>33637</b>		City & State <b>Temple Terrace, FL</b> Zip <b>33637</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>34-1993116</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BENNETT, SUSAN F 401 E JACKSON STREET STE 2200 TAMPA, FL 33602</b>		7. Name and Address of New Registered Agent Name <b>ANTONIO DUARTE SR</b> Street Address (P.O. Box Number is Not Acceptable) <b>6221 Land O' Lakes Blvd.</b> City <b>Land O' Lakes</b> <b>FL</b> Zip Code <b>34639</b>	
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  <b>Antonio Duarte</b> <b>1/27/05</b> <small>(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>COUCH, THEODORE J JR 1717 E FOWLER AVE TAMPA, FL 33612</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Antia, Murad 4923 E Yukon St Tampa, FL 33617</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>CROWDER, WILLIAM C 1717 E FOWLER AVE TAMPA, FL 33612</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Atir, Farid 4916 E Yukon St. Tampa, FL 33617</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>CAPITANO, JOSEPH C SR 1717 E FOWLER AVE TAMPA, FL 33612</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Williams, Latoya 4934 E. Yukon St Tampa, FL 33617</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete (Empty)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Kudjo, Gozo 4911 E Yukon St Tampa, FL 33617</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete (Empty)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Oliver, Ilonzo 4907 E. Yukon St Tampa, FL 33617</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete (Empty)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition (Empty)
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.			
<b>SIGNATURE:</b>  <b>Murad Antia</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>1/24/05</b> <b>813 988 8399</b> <small>Date Daytime Phone #</small>	