

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90833 048 ****61.25

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

DOCUMENT # N03000001390 1. Entity Name VISTA RIDGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 7001 TEMPLE TERRACE HIGHWAY TAMPA, FL 33637				Mailing Address 7001 TEMPLE TERRACE HIGHWAY TAMPA, FL 33637	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 34-1903116	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOARTE MORAD, ANTONIO III 6221 LAND O' LAKES BLVD LAND O LAKES, FL 34639			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD MURAD, ANNA 4923 YUKON ST TAMPA, FL 33617	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD ATIR, FARID 4916 E. YUKON ST TAMPA, FL 33617	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD WILLIAMS, LATOYA 4934 E. YUKON ST TAMPA, FL 33617	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ 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 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 817, 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: <u><i>Antia Murad</i></u> 4/18/07 980-1000					

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