

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90334 036 ****61.25

DOCUMENT # N03000009767					
1. Entity Name COMMUNITY ASSOCIATION FOR VISTAMERE, INC.					
Principal Place of Business 5212 VISTAMERE COURT ORLANDO, FL 32819			Mailing Address 5212 VISTAMERE COURT ORLANDO, FL 32819		
2. Principal Place of Business - No P.O. Box # c/o World of Homes Suite, Apt. #, etc. 2884 S. Osceola Ave. City & State Orlando FL Zip 32806 Country USA		3. Mailing Address c/o World of Homes Suite, Apt. #, etc. 2884 S. Osceola Ave. City & State Orlando, FL Zip 32806 Country USA			
4. FEI Number 34-1985423		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 THOMPSON, TONY 5212 VISTAMERE COURT ORLANDO, FL 32819			7. Name and Address of New Registered Agent Name <u>Ferdinandsen Enterprises, Inc.</u> Street Address (P.O. Box Number is Not Acceptable) 2884 S. Osceola Ave. City <u>Orlando</u> <u>FL</u> Zip Code <u>32806</u>		
8. The above named entity submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>[Signature]</u> <u>Vicki Diaz</u> <u>4/23/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VP HARWELL, SCOT P 5219 VISTAMERE COURT ORLANDO, FL 32819	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	sec/TRES Tony Thompson 5212 Vistamere Ct. Orlando, FL 32819	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	sec/TRES Tony Thompson 5212 Vistamere Ct. Orlando, FL 32819	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 information.					
SIGNATURE: <u>[Signature]</u> <u>4/23/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					