2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N04000000134

1. Entity Name
VISTA PINES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1135 EAST AVE	1135 EAST AVE
CLERMONT, FL 34711	CLERMONT, FL 34711

DO NOT WRITE IN THIS SPACE

01102005 No Chg-NP   CR2E037 (10/03)

4. FEI Number	Applied For
20-0145850	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LADD, DALE J
1135 EAST AVE
CLERMONT, FL 34711

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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 title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25 **Due by May 1, 2005**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	LADD, DALE J
STREET ADDRESS	1135 EAST AVE
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	VD
NAME	LADD, DARRYL A
STREET ADDRESS	1135 EAST AVE
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	STD
NAME	LADD, NANCY
STREET ADDRESS	1135 EAST AVE
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

HNNNNN091364
01/24/05-80171-002 61.25

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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.

SIGNATURE: _____ 1|13|05 (352) 394-8686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #