


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90105 007 \*\*\*\*61.25

<b>DOCUMENT # N04000000738</b> 1. Entity Name <b>VISTA SONOMA VILLAS PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>1080 AVENIDA SONOMA</b> <b>THE VILLAGES, FL 32159</b> <b>1020</b>			Mailing Address <b>PO BOX 2042</b> <b>LADY LAKE, FL 32158</b>		
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		
<b>6. Name and Address of Current Registered Agent</b>  <b>SKATES, JEFFREY P</b> <b>1028 LAKE SUMTER LANDING</b> <b>THE VILLAGES, FL 32162</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make check payable to</b> <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	<b>PBM</b> <b>VOETTNER, OTTO</b> <b>1080 AVEINDA SONOMA</b> <b>LADY LAKE, FL 32159</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PBM</b> <b>COLE, DAVID</b> <b>1020 AVENIDA SONOMA</b> <b>LADY LAKE, FL 32159</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MARIANNE, MERROW</b> <b>1011 AVENIDA SONOMA</b> <b>LADY LAKE, FL 32159</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>KUBON, BILL</b> <b>1003 AVENIDA SONOMA</b> <b>LADY LAKE, FL 32159</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TBM</b> <b>OLSEN, DAVID</b> <b>1022 AVENIDA SONOMA</b> <b>LADY LAKE, FL 32159</b> <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	<b>BM</b> <b>CAMINITTI, PEPPI</b> <b>1001 AVENIDA SONOMA</b> <b>LADY LAKE, FL 32159</b> <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	<b>S</b> <b>MILNER, CAROL</b> <b>1005 AVENIDA SONOMA</b> <b>LADY LAKE, FL 32159</b> <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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MILNER, PETER</b> <b>1005 AVENIDA SONOMA</b> <b>LADY LAKE, FL 32159</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 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> <u>David L. Cole</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>2/2/07</b> <small>Date</small>		<b>352-750-9047</b> <small>Daytime Phone #</small>

60011870



02022007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**20-0621984**  
Applied For  
Not Applicable

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