2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State
03-21-2005 90120 004 ****61.25

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02212005 Chg-NP CR2E037 (10/03)

DOCUMENT # N04000003930

1. Entity Name
VISTAS OF BELLEAIR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
328 2ND AVE N JACKSONVILLE BCH, FL 32250	2940 W BAY DR BELLEAIR BLUFFS, FL 33770

2. Principal Place of Business	3. Mailing Address
11350 Icleth ST N	11350 Icleth ST N
Suite, Apt. #, etc.: Suite 124	Suite, Apt. #, etc.: Suite 124
City & State: Largo FL	City & State: Largo FL
Zip: 33773 Country: Pinellas	Zip: 33773 Country: Pinellas

4. FEI Number: 52-2443637 ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SIMON, BERT C ESQ.
1660 PRUDENTIAL DR STE 203
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name: Holiday Isles Prop. Mgmt
Street Address (P.O. Box Number is Not Acceptable): 11350 Icleth ST N
Suite 124
City: Largo FL Zip Code: 33773

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: X Robert A Babcock Robert A. Babcock 3-2-05
(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

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 HOWE, ANDREW M V 328 2ND AVE N JACKSONVILLE, FL 32250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Frank Proctor 2940 W. Bay Dr #404 Belleair, FL 33770	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HILL, DEBORAH 328 2ND AVE N JACKSONVILLE BCH, FL 32250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Jean Doran 2940 W. Bay Dr. #601 Belleair, FL 33770	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD RICHART, J. CULLEN 328 2ND AVE N JACKSONVILLE BCH, FL 32250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Dorothy Hatfield 2940 W. Bay Dr. #201 Belleair, FL 33707	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 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: X Frank Proctor 3/2/05 727 548 5402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FRANK PROCTOR - PRESIDENT