

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003930

FILED
Mar 29, 2009
Secretary of State

Entity Name: VISTAS OF BELLEAIR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

11350 66TH ST N
STE 124
LARGO, FL 33773

New Principal Place of Business:

2940 W. BAY DRIVE
UNIT 302
BELLEAIR BLUFFS, FL 33770

Current Mailing Address:

11350 66TH ST N
STE 124
LARGO, FL 33773

New Mailing Address:

2940 W. BAY DRIVE
UNIT 302
BELLEAIR BLUFFS, FL 33770

FEI Number: 52-2443637

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLIDAY ISLES PROP MGMT
11350 66TH ST N
LARGO, FL 33773 US

Name and Address of New Registered Agent:

JOHN, WILCOX
2940 W. BAY DRIVE,
302
BELLEAIR BLUFFS, FL 33770 US

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.

SIGNATURE: JOHN WILCOX

03/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILCOX, JOHN
Address: 2940 W BAY DRIVE # 302
City-St-Zip: LARGO, FL 33770

Title: SD () Delete
Name: DORAN, JEAN
Address: 2940 W BAY DR #601
City-St-Zip: BELLEAIR, FL 33707

Title: SD () Delete
Name: SEXTON, CAROL
Address: 2940 W BAY DRIVE # 303
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILCOX, JOHN
Address: 2940 W BAY DRIVE # 302
City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: STD (X) Change () Addition
Name: DORAN, JEAN
Address: 2940 W BAY DR #601
City-St-Zip: BELLEAIR BLUFFS, FL 33707

Title: VPD (X) Change () Addition
Name: QUINLAN, WILMA
Address: 2940 W BAY DRIVE # 401
City-St-Zip: BELLEAIR BLUFFS, FL 33770

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN WILCOX

PD

03/29/2009

Electronic Signature of Signing Officer or Director

Date