

# 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