2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005467

FILED Jaņ 26, 2<u>00</u>9 Secretary of State

Entity Name: VISTAS ON BENEVA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1851 BENEVA ROAD SARASOTA, FL 34232 US **Current Mailing Address: New Mailing Address:**

4672 FRUITVILLE RD SARASOTA, FL 34232 US

OFFICERS AND DIRECTORS:

FEI Number: 20-1192768 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C & S CONDOMINIUM MANAGEMENT SERVICES 4672 FRUITVILLE RD. SARASOTA, FL 34232 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:

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

() Delete (X) Change () Addition TARR, RON MORGAN, CHERIE Name: Name: 1935 TOUCAN WAY, 301 Address: 1850 TOUCAN WAY, 1305 Address: City-St-Zip: SARASOTA, FL 34233 City-St-Zip: SARASOTA, FL 34232

Title: Title: 2VP (X) Change () Addition () Delete WOOD, CHRIS Name: WOOD, CHRIS Name:

Address: 1959 TOUCAN WAY 204 Address: 1959 TOUCAN WAY 204 City-St-Zip: SARASOTA, FL 34232 City-St-Zip: SARASOTA, FL 34232

Title: 2VP () Delete Title: (X) Change () Addition

LYMAN, JIM LYMAN, JIM Name: Name: 1827 RIVERA CIRCLE Address: Address: 1827 RIVERA CIRCLE City-St-Zip: SARASOTA, FL 342332 City-St-Zip: SARASOTA, FL 34232

3VP

Title: () Delete Title: SEC (X) Change () Addition Name: FURRARO, MARYLON Name: CLARK, BRANDON 1943 TOUCAN WAY 212 Address: Address: 1943 TOUCAN WAY, 215

City-St-Zip: SARASOTA, FL 34232 City-St-Zip: SARASOTA, FL 34232

Title: () Delete JACKSON, REVA Name: Name: 1919 TOUCAN WAY 308 Address: Address: City-St-Zip: SARASOTA, FL 34232 City-St-Zip:

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.

Title:

SIGNATURE: JIM LYMAN Ρ 01/26/2009