


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90064 012 \*\*\*\*61.25

<b>DOCUMENT #</b> N04000011881	
1. Entity Name <b>HORIZONS AT VISTA LAKES CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>1950 LEE ROAD STE 212 WINTER PARK, FL 32789</b>	Mailing Address <b>1950 LEE ROAD STE 212 WINTER PARK, FL 32789</b>
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2. Principal Place of Business - No P.O. Box # <b>Greystone Mgmt Co</b> Suite, Apt. #, etc. <b>1936 Lee Rd. Ste 250</b> City & State <b>Winter Park, FL</b> Zip <b>32789</b> Country <b>USA</b>	3. Mailing Address <b>Greystone Mgmt Co</b> Suite, Apt. #, etc. <b>1936 Lee Rd. Ste 250</b> City & State <b>Winter Park, FL</b> Zip <b>32789</b> Country <b>USA</b>
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02082007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent <b>ARMSTRONG, JANICE C C/O GREYSTONE MGMT CO. 1950 LEE RD STE 212 WINTER PARK, FL 32789</b>	
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4. FEI Number <b>75-3182028</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 *Janice C Armstrong*  
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, 2007**

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	DP PUVOGEL, DOUGLAS W 4901 VINELAN D ROAD STE 500 ORLANDO, FL 32811 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Curtis Borque 8630 Buccielli Dr #203 ORLANDO FL 32829 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WIXTED, MATT 4901 VINELAN D ROAD STE 500 ORLANDO, FL 32811 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. Steve Siriani 6335 Cortessa Dr #307 ORLANDO FL 32829 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DUNCAN, JUDITH 4901 VINELAN D ROAD STE 500 ORLANDO, FL 32811 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD. Sonia Velickovich 8710 Saratoga Jct Dr #301 ORLANDO FL 32829 <input checked="" 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	TD Efrain Sanchez 8630 Buccielli Dr #305 ORLANDO FL 32829 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Change <input 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.

SIGNATURE: *[Signature]* **2/15/07** **407-702-3286**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #