

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90061 008 ****61.25

DOCUMENT # N05000002705

1. Entity Name
VISTA GARDENS OF NAPLES CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 10527
NAPLES, FL 34101

Mailing Address

P.O. BOX 10527
NAPLES, FL 34101

2. Principal Place of Business - No P.O. Box #

clo Resort Management
2685 Horseshoe Dr. S. #215

3. Mailing Address

clo Resort Management
2685 Horseshoe Dr. S. #215

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Naples, FL

City & State
Naples, FL

Zip

34104

Country

US

Zip

34104

Country

US

03162007

Chg-NP

CR2E037 (12/06)

4. FEI Number

20-3993893

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, FERNANDO
6255 VISTA GARDEN WAY
UNIT A
NAPLES, FL 34112

7. Name and Address of New Registered Agent

Name
Liane McMillan
Street Address (P.O. Box Number is Not Acceptable)
6254 Vista Gardens Way D
City
Naples FL Zip Code
34112

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 *Liane McMillan* Liane McMillan VP

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/07

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

TITLE PD
NAME INTINTOLA, NANCY
STREET ADDRESS P.O. BOX 10527
CITY-ST-ZIP NAPLES, FL 34101 ☐ Delete

TITLE VSD
NAME MARTINEZ, FERNANDO
STREET ADDRESS P.O. BOX 10527
CITY-ST-ZIP NAPLES, FL 34101 ☒ Delete

TITLE TD
NAME FORDHAM, ROBERT
STREET ADDRESS P.O. BOX 10527
CITY-ST-ZIP NAPLES, FL 34101 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Intintola, Nancy ☒ Change ☐ Addition
NAME
STREET ADDRESS 6254 Vista Garden Way C
CITY-ST-ZIP NAPLES, FL 34112

TITLE VP ☐ Change ☒ Addition
NAME mcmillan, Liane
STREET ADDRESS 6254 Vista Gardens Way D
CITY-ST-ZIP Naples, FL 34112

TITLE T ☒ Change ☐ Addition
NAME Fordham, Robert
STREET ADDRESS 6254 Vista Gardens Way B
CITY-ST-ZIP Naples, FL 34112

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 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: *Liane McMillan* Liane McMillan VP 4/23/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #