

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002705

FILED
Apr 16, 2009
Secretary of State

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

Current Principal Place of Business:

C/O RESORT MGMT
2685 HORESHOE DR. S. #215
NAPLES, FL 34101

Current Mailing Address:

C/O RESORT MGMT
2685 HORESHOE DR. S. #215
NAPLES, FL 34101

New Principal Place of Business:

C/O AMERICAN PROPERTY MGMT SVCS, LLC
4280 TAMIAMI TRAIL EAST #302
NAPLES, FL 34112

New Mailing Address:

C/O AMERICAN PROPERTY MGMT SVCS, LLC
4280 TAMIAMI TRAIL EAST #302
NAPLES, FL 34112

FEI Number: 20-3993893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMILLAN, LIANE
6254 VISTA GARDEN WAY
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

AMERICAN PROPERTY MGMT SERVICES, LLC
4280 TAMIAMI TRAIL EAST
302
NAPLES, FL 34112 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: ORLANDO MISERNADINO ORTIZ

04/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: INTINTOLA, NANCY
Address: 6254 VISTA GARDEN WAY C
City-St-Zip: NAPLES, FL 34112

Title: VP (X) Delete
Name: MCMILLIAN, LIANE
Address: 6260 VISTA GARDENS WAY D
City-St-Zip: NAPLES, FL 34112

Title: T (X) Delete
Name: FORDHAM, ROBERT
Address: 6254 VISTA GARDENS WAY B
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SLADE, MIKE
Address: 3838 TAMIAMI TRAIL N #301
City-St-Zip: NAPLES, FL 34103

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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.

SIGNATURE: MIKE SLADE

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date