2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006
Secretary of State

DOCUMENT# N05000004017

Entity Name: VISTA LAKES COMMERCIAL PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

200 COLONIAL CENTER PKWY
SUITE 330
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

8009 SOUTH ORANGE AVE
ORLANDO, FL 328096711

New Mailing Address:

FEI Number: 25-1920568 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DREMANN, DEBRA R
200 COLONIAL CENTER PARKWAY
SUITE 330
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	DREMANN, DEBRA R	
Address:	200 COLONIAL CENTER PARKWAY #330	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	VD	( ) Delete
Name:	DIAZ, DIANE	
Address:	200 COLONIAL CENTER PARKWAY #330	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	TD	( ) Delete
Name:	WISDOM, JULIE	
Address:	200 COLONIAL CENTER PARKWAY #330	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	SD	( ) Delete
Name:	GONKA, BARBARA	
Address:	200 COLONIAL CENTER PARKWAY #330	
City-St-Zip:	LAKE MARY, FL 32746	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: DEBRA DREMANN PD 04/17/2006

Electronic Signature of Signing Officer or Director — Date