

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011015

FILED
Mar 23, 2009
Secretary of State

Entity Name: VISTA CAY AT HARBOR SQUARE MASTER COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

5334 CENTRAL FLORIDA PARKWAY
#302
ORLANDO, FL 32821

New Principal Place of Business:

Current Mailing Address:

5334 CENTRAL FLORIDA PARKWAY
#302
ORLANDO, FL 32821

New Mailing Address:

FEI Number: 84-1695605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAPLAN, BARRY J
ACCESS RESIDENTIAL MANAGEMENT, LLC
5334 CENTRAL FLORIDA PARKWAY #302
ORLANDO, FL 32821 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: THOMSON, MARK
Address: 4901 VINELAND RD - STE 500
City-St-Zip: ORLANDO, FL 32811

Title: STD () Delete
Name: CABRERA, DIANA
Address: 4901 VINELAND RD - STE 500
City-St-Zip: ORLANDO, FL 32811

Title: VPD () Delete
Name: COVELL, RICK
Address: 4901 VINELAND RD - STE 500
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CABRERA, DIANA
Address: 4901 VINELAND RD - STE 500
City-St-Zip: ORLANDO, FL 32811

Title: STD (X) Change () Addition
Name: MAJZLIK, KELLY
Address: 4901 VINELAND RD - STE 500
City-St-Zip: ORLANDO, FL 32811

Title: VPD (X) Change () Addition
Name: MIHELICH, BRIAN
Address: 4901 VINELAND RD - STE 500
City-St-Zip: ORLANDO, FL 32811

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: CABRERA, DIANA

PD

03/23/2009

Electronic Signature of Signing Officer or Director

Date