

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011015

FILED  
Jun 08, 2010  
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:**

5334 CENTRAL FLORIDA PARKWAY  
#305  
ORLANDO, FL 32821

**Current Mailing Address:**

5334 CENTRAL FLORIDA PARKWAY  
#302  
ORLANDO, FL 32821

**New Mailing Address:**

5334 CENTRAL FLORIDA PARKWAY  
#305  
ORLANDO, FL 32821

**FEI Number:** 84-1695605      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

TANKEL, ROBERT L  
1022 MAIN STREET  
SUITE D  
DUNEDIN, FL 34698 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  
**Name:** FRAHM, LARAINÉ  
**Address:** 5334 CENTRAL FLORIDA PARKWAY #305  
**City-St-Zip:** ORLANDO, FL 32821

**Title:** VPTD  
**Name:** BACKES, GLENN  
**Address:** 5334 CENTRAL FLORIDA PARKWAY #305  
**City-St-Zip:** ORLANDO, FL 32821

**Title:** SD  
**Name:** COOPER, SUSAN  
**Address:** 5334 CENTRAL FLORIDA PARKWAY #305  
**City-St-Zip:** ORLANDO, FL 32821

I hereby 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 all other like empowered.

SIGNATURE: LARAINÉ FRAHM

PD

06/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date