

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005953

FILED
Mar 29, 2008
Secretary of State

Entity Name: VISTA DEL LAGO PHASE I HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1407 BELLA VISTA COURT
DUNDEE, FL 33838

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1838
DUNDEE, FL 33838

New Mailing Address:

FEI Number: 20-5377526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENNANT, SAMUEL
1407 BELLA VISTA COURT
DUNDEE, FL 33838 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: PENNANT, SAMUEL
Address: 1407 BELLA VISTA COURT
City-St-Zip: DUNDEE, FL 33838

Title: VPD () Delete
Name: GODDARD, BERTRAM
Address: 1513 VISTA DEL LAGO BLVD.
City-St-Zip: DUNDEE, FL 33838

Title: SD () Delete
Name: CUMBERBATCH, MARIE
Address: 1410 VISTA DEL LAGO BLVD.
City-St-Zip: DUNDEE, FL 33838

Title: TD () Delete
Name: BURKE, HOWARD
Address: 1307 VISTA DEL LAGO BLVD.
City-St-Zip: DUNDEE, FL 33838

Title: D () Delete
Name: DANIELS, DERTA
Address: 1310 VISTA DEL LAGO BLVD.
City-St-Zip: DUNDEE, FL 33838

Title: D () Delete
Name: ROBINSON, RICHARD
Address: 1315 VISTA DEL LAGO BLVD.
City-St-Zip: DUNDEE, FL 33838

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:

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: HOWARD BURKE

TD

03/29/2008

Electronic Signature of Signing Officer or Director

Date