2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# N12307

Entity Name: VISTA CENTRE PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O OMNI ROSEN HOTEL
9840 INTERNATIONAL DR
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

C/O OMNI ROSEN HOTEL
9840 INTERNATIONAL DR
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: 59-2739171 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOULINEAU, MAGGIE
C/O COMFORT INN L.B.V.
8442 PALM PARKWAY
LAKE BUENA VISTA, FL 32836 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:	TSD	( ) Delete
Name:	NANA, AJIT	
Address:	3956 W COLONIAL DR	
City-St-Zip:	ORLANDO, FL	
Title:	TD	( ) Delete
Name:	NANA, AJITT	
Address:	5335 CONROY RD., SUITE 200	
City-St-Zip:	ORLANDO, FL 32830	
Title:	PD	( ) Delete
Name:	SHOWERS, KEITH	
Address:	8442 PALM PARKWAY	
City-St-Zip:	ORLANDO, FL 32836	
Title:	VPD	( ) Delete
Name:	STURGEON, CAROLINE	
Address:	8501 PALM PARKWAY	
City-St-Zip:	ORLANDO, FL 32830	

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 Section 119.07(3)(i), 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: KEITH SHOWERS PD 04/25/2005

Electronic Signature of Signing Officer or Director — Date