

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12307

FILED
Mar 26, 2008
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

C/O ROSEN CENTRE 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 (X) Delete
Name: NANA, AJITT
Address: 5335 CONROY RD., SUITE 200
City-St-Zip: ORLANDO, FL 32830

Title: PD () Delete
Name: RICE-PALMER, JENNIFER
Address: 8442 PALM PARKWAY
City-St-Zip: ORLANDO, FL 32836

Title: VPD () Delete
Name: FRANCISCO, CHRIS
Address: 2400 WEST 33RD STREET
City-St-Zip: ORLANDO, FL 32839

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 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: JENNIFER RICE-PALMER

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03/26/2008

Electronic Signature of Signing Officer or Director

Date