2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N17327

1. Entity Name
VISTA SQUARE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1611 BANNING BEACH ROAD TAVARES, FL 32778-2024	1611 BANNING BEACH ROAD TAVARES, FL 32778-2024

DO NOT WRITE IN THIS SPACE

02072006 No Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCNAMARA, TODD A
1611 BANNING BEACH RD
TAVARES, FL 32778

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100000433530
02/24/06-80021-012 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCNAMARA, TODD
STREET ADDRESS	1611 BANNING BEACH RD
CITY-ST-ZIP	TAVARES, FL 32778
TITLE	VTD
NAME	STARK, KENNETH MD
STREET ADDRESS	1613 BANNING BEACH RD
CITY-ST-ZIP	TAVARES, FL 32778
TITLE	D
NAME	BRYAN, PAUL
STREET ADDRESS	1619 BANNING BEACH RD
CITY-ST-ZIP	TAVARES, FL 32778
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Todd McNamara Todd McNamara 2-8-6 352 343-1818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #