FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 MAR -3 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18159 (6)

1. Corporation Name
VISTA CIVIC ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
650082 TROPIL BRANCH VERO BEACH FL 32965	650082 TROPIL BRANCH VERO BEACH FL 32965

3. Date Incorporated or Qualified: 12/09/1986
3a. Date of Last Report: 03/10/1994
4. FEI Number: 59-2676582 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FALLON, DENNIS R
61 WOODLAND DR #201
VERO BCH FL 32962

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TREASURER - 1	11 TITLE	☐ Change ☐ Addition
NAME	FALLON, DENNIS	12 NAME	
STREET ADDRESS	61 WOODLAND DR, #201	13 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL	14 CITY-ST-ZIP	
TITLE	DIRECTOR - 1	21 TITLE	☐ Change ☐ Addition
NAME	CORIO, MARIE	22 NAME	
STREET ADDRESS	35 PINE ARBOR DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	24 CITY-ST-ZIP	
TITLE	PRESIDENT - 1	31 TITLE	☐ Change ☐ Addition
NAME	MILLER, ROBERT W.	32 NAME	
STREET ADDRESS	76 ROYAL OAK DRIVE #202	33 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	34 CITY-ST-ZIP	
TITLE	VPD	41 TITLE	☐ Change ☐ Addition
NAME	SCHNEIKART, ARTHUR	42 NAME	
STREET ADDRESS	30 PINE ARBOR LN, #107	43 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	44 CITY-ST-ZIP	
TITLE	SECRETARY - 1	51 TITLE	☐ Change ☐ Addition
NAME	MOLNAR, DORIS	52 NAME	
STREET ADDRESS	61 WOODLAND DR. #206	53 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dennis R Fallon 3/14/95 (407) 567-9504
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — (Daytime Phone)
DENNIS R FALLON TREAS