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Mar 12 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18159 (6)

1. Corporation Name

VISTA CIVIC ASSOCIATION, INC.

Principal Place of Business

650082 TROPIC BRANCH
VERO BEACH FL 32965

Mailing Address

650082 TROPIC BRANCH
VERO BEACH FL 329653. Date Incorporated or Qualified
12/09/19863a. Date of Last Report
02/20/19964. FEI Number
59-2676582Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Country

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TR
NAME FALLON, DENNIS
STREET ADDRESS 61 WOODLAND DR, #201
CITY-ST-ZIP VERO BCH FLTITLE DT
NAME CORIO, MARIE
STREET ADDRESS 35 PINE ARBOR DRIVE
CITY-ST-ZIP VERO BEACH FLTITLE PT
NAME SMITH, HENRY
STREET ADDRESS 46 WOODLAND DR #103
CITY-ST-ZIP VERO BEACH FLTITLE ST
NAME MOLNAR, DORIS
STREET ADDRESS 61 WOODLAND DRIVE, #208
CITY-ST-ZIP VERO BEACH FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P JEANNE ORSINO
1.2 NAME
1.3 STREET ADDRESS 49 WOODLAND DR #106
1.4 CITY-ST-ZIP VERO BEACH FLA 329622.1 TITLE D ROBERT MILLER
2.2 NAME
2.3 STREET ADDRESS 76 ROYAL OAK DR #202
2.4 CITY-ST-ZIP VERO BEACH FLA 329623.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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: *[Signature]*

3-7-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0078020

CP2E037 (9/96)