

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 PM 4:28

DOCUMENT # N18795

(7)

1. Corporation Name

LA VISTA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1601 PARK BEACH CIRCLE
PUNTA GORDA FL 33952
US

Mailing Address

265 TAMAMI TRAIL
PUNTA GORDA FL 33950
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1987

3a. Date of Last Report

04/05/1994

4. FEI Number

59-2789826

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

GREENE, JOAN
3450 HARBOR BLVD
PUNTA GORDA FL 33950

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

Richard L. Campbell

(NOTE: Registered Agent signature required when reinstating)

Joan F. Greene

3-7-95

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PETERSON, THOMAS
STREET ADDRESS	1601 PARK BEACH CIRCLE
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	VD
NAME	CAMPBELL, RICHARD
STREET ADDRESS	1601 PARK BEACH CIRCLE
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	TD
NAME	KENNEDY, FRANKLIN
STREET ADDRESS	1601 PARK BEACH CIRCLE
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	S
NAME	GREENE, JOAN F.
STREET ADDRESS	3450 HARBOR BLVD.
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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:

Richard L. Campbell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-95

DATE

813-571-6660

DAYTIME PHONE