


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90107 023 ****61.25

DOCUMENT # N20437 1. Entity Name VISTA VERDE WEST CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6350 BAHIA DELIMAR CIR ST PETERSBURG, FL 33715 US			Mailing Address 5901 SUN BLVD # 200 ST PETERBURG, FL 33715 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2951448	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WAYDA, CHRISTINE C/O RESOURCE PROPERTY MGMT. 5901 SW BLVD # 200 ST PETERBURG, FL 33715			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRISCOLL, JAMES		NAME	Logue, Helene	
STREET ADDRESS	6050 BAHIA DEL YHAR CIR #118		STREET ADDRESS	6050 Bahia Del Mar Cir #117	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33715		CITY-ST-ZIP	ST. Petersburg FL 33715	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSBURG, CHARLES		NAME		
STREET ADDRESS	6000 BAHIA DELMAR CIR. #132		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 33715		CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOGUE, MIKE		NAME	Phaneuf, Norman	
STREET ADDRESS	6050 BAHIA DEL MAR CIR #117		STREET ADDRESS	6080 Bahia Del Mar Cir #210	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33715		CITY-ST-ZIP	ST. Petersburg FL 33715	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAFFERMAN, DOLORES		NAME	O'Brien, Mary Lou	
STREET ADDRESS	6020 BAHIA DEL MAR CIR. #125		STREET ADDRESS	6000 Bahia Del Mar Cir #234	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33715		CITY-ST-ZIP	ST. Petersburg FL 33715	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLAN, THOMAS		NAME		
STREET ADDRESS	5900 BAHIA DEL MAR CIR #135		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33715		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1/11/06 Daytime Phone #		