

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22055

FILED  
Mar 31, 2008  
Secretary of State

**Entity Name:** VISTAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4651 GULF SHORE BLVD N  
NAPLES, FL 34103 US

**New Principal Place of Business:**

4651 GULF SHORE BLVD N  
OFFICE  
NAPLES, FL 34103 US

**Current Mailing Address:**

4651 GULF SHORE BLVD N  
NAPLES, FL 34103 US

**New Mailing Address:**

**FEI Number:** 65-0182844      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

R & P PROPERTY MANAGEMENT  
265 AIRPORT RD S  
NAPLES, FL 34104 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: BECKHORN, DUANE  
Address: 28134 BRICK ROW DRIVE  
City-St-Zip: OXFORD, MD 21654

Title: TD ( ) Delete  
Name: REID, JEAN MARGO  
Address: 4651 GULF SHORE BOULEVARD NORTH #1405  
City-St-Zip: NAPLES, FL 34103

Title: SD ( ) Delete  
Name: POMBO, MARILYN  
Address: 4651 GULF SHORE BLVD NORTH #507  
City-St-Zip: NAPLES, FL 34103

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BECKHORN, DUANE  
Address: 28134 BRICK ROW DRIVE  
City-St-Zip: OXFORD, MD 21654

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD ( ) Change (X) Addition  
Name: GRINWIS, SUSAN  
Address: 4651 GULF SHORE BLVD. N. #707  
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN POMBO

SD

03/31/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date