

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 21, 2008
Secretary of State

DOCUMENT# N25383

Entity Name: VISTA CENTER ASSOCIATION, INC.

Current Principal Place of Business:2257 VISTA PARKWAY
17
WEST PALM BEACH, FL 33411 US**New Principal Place of Business:****Current Mailing Address:**2257 VISTA PARKWAY
17
WEST PALM BEACH, FL 33411 US**New Mailing Address:**

FEI Number: 65-0122864 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:KNEEN, JEFFREY D
1601 FORUM PLACE
SUITE 300
WEST PALM BEACH, FL 33401 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: DVP () Delete
Name: PROCACCI, PHIL
Address: 5082 COCONUT CREEK PARKWAY
City-St-Zip: MARGATE, FL 33063Title: DP (X) Delete
Name: WANTMAN, JOEL
Address: 2035 VISTA PARKWAY, SUITE 100
City-St-Zip: WEST PALM BEACH, FL 33411Title: DST () Delete
Name: ADLER, STEVEN
Address: 7700 CONGRESS AVENUE, SUITE 1121
City-St-Zip: BOCA RATON, FL 33487Title: D () Delete
Name: HERING, ROSS
Address: 3323 BELVEDERE ROAD, BUILDING 503
City-St-Zip: WEST PALM BEACH, FL 33406Title: D () Delete
Name: MCCRANEY, STEVE
Address: 2257 VISTA PARKWAY, #17
City-St-Zip: WEST PALM BEACH, FL 33411**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: DST (X) Change () Addition
Name: TERCILLA, RENE
Address: 2047 VISTA PARKWAY #100
City-St-Zip: WEST PALM BEACH, FL 33411Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEVEN MCCRANEY

D

07/21/2008

Electronic Signature of Signing Officer or Director

Date