


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N25731 1. Entity Name VISTA DEL LARGO CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 26283 B NADIR RD. PUNTA GORDA, FL 33983 US	Mailing Address 26283 B NADIR RD. PUNTA GORDA, FL 33983 US
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DO NOT WRITE IN THIS SPACE



01162007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0113324	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent IVES, CHERYL 26283 NADIR RD. 102 B PUNTA GORDA, FL 33983	DO NOT WRITE IN THIS SPACE
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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 reissuing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SMITH, JACK H 26283 NADIR RD #201A PUNTA GORDA, FL 33983
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SMILEY, MARILYN 26283 NADIR RD., 202 B PUNTA GORDA, FL 33983
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD IVES, CHERYL 26283 NADIR RD., 102-B PUNTA GORDA, FL 33983
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/22/07-80017-022 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Cheryl Ives 1-16-2007 941-624-5991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
CHERYL IVES, TREASURER