

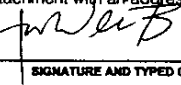


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90058 008 \*\*\*\*61.25

<b>DOCUMENT # N31206</b> 1. Entity Name <b>LA VISTA AT PRESTANCIA HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>6565 SUPERIOR AVE SARASOTA, FL 34231</b>			Mailing Address <b>3412 CLARK RD, PMB 236 SARASOTA, FL 34231-8406</b>		
2. Principal Place of Business <b>2028 CLARK ROAD</b>		3. Mailing Address Suite, Apt. #, etc. <b>SUITE #7</b>			
City & State <b>SARASOTA, FL</b>		City & State <b>SARASOTA, FL</b>			
Zip <b>34231</b>	Country <b>USA</b>	Zip <b>34231</b>	Country <b>USA</b>	4. FEI Number <b>65-0104903</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BARLOW GROUP, INC. 6565 SUPERIOR AVE SARASOTA, FL 34231</b>			7. Name and Address of New Registered Agent Name <b>BARLOW GROUP, INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2028 CLARK ROAD, SUITE #7</b> City <b>SARASOTA</b> <b>FL</b> Zip Code <b>34231</b>		
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  <b>JONE BARLOW WEIST, PRESIDENT, BARLOW GROUP, INC.</b> 03/06/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALLEN, NANCY 7577 CALLE FACIL SARASOTA, FL 34238	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AWBREN, DONALD L. 3412 CLARK ROAD #236 SARASOTA, FL 34231
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERRIER, JOE 7677 CALLE FACIL SARASOTA, FL 34238	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARRY, PETER 3412 CLARK ROAD #236 SARASOTA, FL 34231
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SUCHER, BARRY 7791 CALLE FACIL SARASOTA, FL 34238	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WEIST, JONE B. 3412 CLARK RD. #236 SARASOTA, FL 34231
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KACK, BEVERLY 7519 CALLE FACIL SARASOTA, FL 34238	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD LLOYD, KEITH 16 CHURCH ST. OSPSREY, FL 34229	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD FASANO, FRANK 7624 CALLE FACIL SARASOTA, FL 34238	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  <b>JONE B. WEIST, AS</b> 03/06/2006 (941) 927-1946 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					