


FILE NOW: FILING FEE IS \$61.25

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Mar 10, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N34656

1. Corporation Name

VISTAS HOMEOWNERS' OF SEABROOKE, INC.

Principal Place of Business

C/O COMMUNITY MANAGEMENT CONCEPTS
4175 EAST BAY DRIVE, SUITE 205
CLEARATER FL 33764
US

Mailing Address

C/O COMMUNITY MANAGEMENT CONCEPTS
4175 EAST BAY DRIVE, SUITE 205
CLEARATER FL 33764
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/12/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2981207	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		29	
24		30		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
COMMUNITY MANAGEMENT CONCEPTS, INC. 4175 EAST BAY DRIVE, SUITE 205 CLEARWATER FL 34624				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HICKMAN <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICKMAN, DAVE	1.2 NAME	HICKMAN, DAVID G.
STREET ADDRESS	3186 SHORELINE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34620	1.4 CITY-ST-ZIP	ZIP: 33760-1736
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECHELBERGER, BILL	2.2 NAME	
STREET ADDRESS	3169 SHORELINE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34620	2.4 CITY-ST-ZIP	ZIP: 33760
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GYLFE, ED	3.2 NAME	STET
STREET ADDRESS	3178 SHORELINE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33760	3.4 CITY-ST-ZIP	ZIP: 33760
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, BILL III	4.2 NAME	
STREET ADDRESS	3149 SHORELINE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33760	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Treasurer & Director
NAME	GALLO, GERRY	5.2 NAME	John Scardino
STREET ADDRESS	3159 SHORELINE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34620	5.4 CITY-ST-ZIP	Clearwater, FL 33760
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Director
NAME		6.2 NAME	DOUG BERRY
STREET ADDRESS		6.3 STREET ADDRESS	3129 Shoreline Dr
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Clearwater FL 33760

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David G. Hickman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID G. HICKMAN

1/27/99

Date

727-507-5785

Daytime Phone #

CR2E037 (11/98)