

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90035 049 ****61.25

DOCUMENT # N34656

1. Entity Name

VISTAS HOMEOWNERS' OF SEABROOKE, INC.



Principal Place of Business

3440 EAST LAKE ROAD
SUITE 106
PALM HARBOR FL 34685
US

Mailing Address

3440 EAST LAKE ROAD
SUITE 106
PALM HARBOR FL 34685
US

2. Principal Place of Business

3. Mailing Address

4174 Woodlands Pkwy

4174 Woodlands Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Harbor FL

City & State

Palm Harbor FL

Zip

34685

Country

USA

Zip

34685

Country

USA

4. FEI Number

59-2981207

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIRST CHOICE ASSOCIATION MGMT, INC.
3440 EAST LAKE ROAD
STE 106
PALM HARBOR FL 34685

Name

Street Address (P.O. Box Number is Not Acceptable)

4174 Woodlands Parkway

City

Palm Harbor

FL

Zip Code

34685

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
SEXTON, MIKE
3147 SHORLINE DRIVE
CLEARWATER FL 33760 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
LUE, YEN
3163 SHORLINE DIVE
CLEARWATER FL 33760 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Aggie Palsha
3163 Shoreline Dr
Clearwater, FL 33760 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
HAAS, LEE
3160 SHORLINE DRIVE
CLEARWATER FL 33760 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
GALLO, GERRY
3159 SHORLINE DRIVE
CLEARWATER FL 33760 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GALLO, GERRY
3159 SHORELINE DR
CLEARWATER FL 33760 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D Donald Culbertson
Po Box 17947
Clearwater FL 33762 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
FERICH, JOHN
3197 SHORELINE DR
CLEARWATER FL 33760 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #