

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90312 047 \*\*\*\*61.25

**DOCUMENT # N34656**

1. Entity Name  
VISTAS HOMEOWNERS' OF SEABROOKE, INC.



Principal Place of Business  
4171 WOOD LANDS PKWY  
PALM HARBOR, FL 34685 US

Mailing Address  
4171 WOOD LANDS PKWY  
SUITE 106  
PALM HARBOR, FL 34685 US

**50043954**



03112005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
59-2981207

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

FIRST CHOICE ASSOCIATION MGMT, INC.  
4174 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

TITLE SD  
NAME PELSHA, AGGIE  
STREET ADDRESS 3163 SHORLINE DRV  
CITY-ST-ZIP CLEARWATER, FL 33760

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

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

TITLE D  
NAME CULBERTSON, DONALD  
STREET ADDRESS PO BOX 17947  
CITY-ST-ZIP CLEARWATER, FL 33762

TITLE D  
NAME ~~FERICH, JOHN~~ DOUG BERRY  
STREET ADDRESS ~~3147 SHORLINE DR~~ 3129 SHORELINE DR.  
CITY-ST-ZIP CLEARWATER, FL 33760

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Lee L. Haas, Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/05  
Date

(727) 535-4544  
Daytime Phone #