

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34656

FILED
Mar 26, 2007
Secretary of State

Entity Name: VISTAS HOMEOWNERS' OF SEABROOKE, INC.

Current Principal Place of Business:

4171 WOOD LANDS PKWY
PALM HARBOR, FL 34685 US

New Principal Place of Business:

2708 ALT 19 NORTH
SUITE 603
PALM HARBOR, FL 34683 US

Current Mailing Address:

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

New Mailing Address:

2708 ALT 19 NORTH
SUITE 603
PALM HARBOR, FL 34683 US

FEI Number: 59-2981207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

PMS MANAGEMENT SERVICES
2708 ALT 19 NORTH
SUITE 603
PALM HARBOR, FL 34683 US

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.

SIGNATURE: SUE DIGRANDI

03/26/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: DAVIS, HEIDI
Address: 3170 SHORELINE DR
City-St-Zip: CLEARWATER, FL 33760

Title: SD () Delete
Name: PELSHA, AGGIE
Address: 3163 SHORLINE DRV
City-St-Zip: CLEARWATER, FL 33760

Title: PD () Delete
Name: HAAS, LEE
Address: 3160 SHORLINE DRIVE
City-St-Zip: CLEARWATER, FL 33760

Title: TD () Delete
Name: GALLO, GERRY
Address: 3159 SHORLINE DRIVE
City-St-Zip: CLEARWATER, FL 337601

Title: D () Delete
Name: CULBERTSON, DONALD
Address: PO BOX 17947
City-St-Zip: CLEARWATER, FL 33762

Title: D () Delete
Name: BERRY, DOUG
Address: 3129 SHORELINE DRIVE
City-St-Zip: CLEARWATER, FL 33760

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HAAS, LEE
Address: 3160 SHORELINE DR
City-St-Zip: CLEARWATER, FL 33760

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CULBERTSON, CUB
Address: PO BOX 17947
City-St-Zip: CLEARWATER, FL 33762

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEE HAAS

PD

03/26/2007

Electronic Signature of Signing Officer or Director

Date