2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34656

FILED Mar 27, 2008 Secretary of State

Entity Name: VISTAS HOMEOWNERS' OF SEABROOKE, INC.

Current Principal Place of Business: New Principal Place of Business:

2708 ALT 19 NORTH SUITE 603

PALM HARBOR, FL 34683 US

New Mailing Address: Current 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: 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete HAAS, LEE PALSHA, AGGIE Name: Name: 3160 SHORELINE DR Address: 3163 SHORELINE DR Address: City-St-Zip: CLEARWATER, FL 33760 City-St-Zip: CLEARWATER, FL 33760

Title: SD Title: (X) Change () Addition () Delete PELSHA, AGGIE Name: CULBERTSON, CUB Name:

Address: 3163 SHORLINE DRV Address: 3195 SHORLINE DRV City-St-Zip: CLEARWATER, FL 33760 City-St-Zip: CLEARWATER, FL 33760

Title: PD() Delete Title: TD (X) Change () Addition

HAAS, LEE GALLO, GERRY Name: Name: 3160 SHORLINE DRIVE 3159 SHORELINE DRIVE Address: Address: City-St-Zip: CLEARWATER, FL 33760 City-St-Zip: CLEARWATER, FL 33760

Title: TD () Delete Title: SD (X) Change () Addition

Name: GALLO, GERRY Name: RASHEEDI, ABDUL 3159 SHORLINE DRIVE Address: Address: 3124 SHORELINE DRIVE City-St-Zip: CLEARWATER, FL 337601 City-St-Zip: CLEARWATER, FL 337601

Title: () Delete Title: (X) Change () Addition

CULBERTSON, CUB BERRY, DOUG Name: Name:

PO BOX 17947 3129 SHORELINE DRIVE Address: Address: City-St-Zip: CLEARWATER, FL 33762 City-St-Zip: CLEARWATER, FL 33762

Title: () Delete Title: (X) Change () Addition

BERRY, DOUG BOGACZ, PIERRE Name: Name: Address: 3129 SHORELINE DRIVE Address: 3135 SHORELINE DRIVE CLEARWATER, FL 33760 CLEARWATER, FL 33760 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: AGGIE PALSHA **PRES** 03/27/2008

Electronic Signature of Signing Officer or Director

Date