

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 12, 2012
Secretary of State

DOCUMENT# N34656

Entity Name: VISTAS HOMEOWNERS' OF SEABROOKE, INC.**Current Principal Place of Business:**2708 ALT 19 NORTH
SUITE 603
PALM HARBOR, FL 34683 US**New Principal Place of Business:**2706 ALT 19 NORTH
SUITE 240A
PALM HARBOR, FL 34683 US**Current Mailing Address:**2708 ALT 19 NORTH
SUITE 603
PALM HARBOR, FL 34683 US**New Mailing Address:**2706 ALT 19 NORTH
SUITE 240A
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:**PMS MANAGEMENT SERVICES
2708 ALT 19 NORTH
SUITE 603
PALM HARBOR, FL 34683 US**Name and Address of New Registered Agent:**MONARCH ASSOCIATION MANAGEMENT, INC.
2706 ALT 19 NORTH
SUITE 240A
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: M. SUSAN MARINO

07/12/2012

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: PD
Name: PALSHA, AGGIE
Address: 2708 ALT 19 NORTH, SUITE 603
City-St-Zip: PALM HARBOR, FL 34683

Title: VD
Name: CULBERTSON, CUB
Address: 2708 ALT 19 NORTH, SUITE 603
City-St-Zip: PALM HARBOR, FL 34683

Title: S/TD
Name: RASHEEDI, ABDUL
Address: 2708 ALT 19 NORTH, SUITE 603
City-St-Zip: PALM HARBOR, FL 34683

Title: D
Name: GALLO, GERRY
Address: 2708 ALT 19 NORTH SUITE 603
City-St-Zip: PALM HARBOR, FL 34683

Title: D
Name: GAMMONS, BUFUS
Address: 2708 ALT 19 NORTH, SUITE 603
City-St-Zip: PALM HARBOR,, FL 34683

Title: D
Name: BOGACZ, PIERRE
Address: 2708 ALT 19 NORTH, SUITE 603
City-St-Zip: PALM HARBOR, FL 34683

I hereby 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 all other like empowered.

SIGNATURE: AGGIE PALSHA

P

07/12/2012

Electronic Signature of Signing Officer or Director_____
Date