FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State
04-23-1999 90174 029 ****61.25

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DOCUMENT # **N41809**

1. Corporation Name
THE VESTAVIA NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
899 WOOD BRIDGE DR VENICE FL 34293	899 WOOD BRIDGE DR VENICE FL 34293

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
01/25/1991

4. FEI Number
65-0285445
☐ Applied For
☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

DOUGLAS, JESSICA
ADVANCED MANAGEMENT INC
899 WOOD BRIDGE DRIVE
VENICE FL 34293

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	☒ DELETE	1.1 TITLE	TID	☐ Change ☒ Addition
NAME	BREAULT, ROBERT		1.2 NAME	Frey, Susan	
STREET ADDRESS	236 VESTAVIA DR		1.3 STREET ADDRESS	207 Vestavia Drive	
CITY-ST-ZIP	VENICE FL		1.4 CITY-ST-ZIP	Venice, FL 34292	
TITLE	D	☒ DELETE	2.1 TITLE	S/D	☐ Change ☒ Addition
NAME	O' CONNOR, THOMAS		2.2 NAME	Roettger, Roger	
STREET ADDRESS	238 VESTAVIA DR		2.3 STREET ADDRESS	235 Vestavia Drive	
CITY-ST-ZIP	VENICE FL		2.4 CITY-ST-ZIP	Venice, FL 34292	
TITLE	T	☐ DELETE	3.1 TITLE	P/D	☒ Change ☐ Addition
NAME	SKINNER, ERNEST C		3.2 NAME	Skinner, Ernest C	
STREET ADDRESS	214 VESTAVIA DR		3.3 STREET ADDRESS	214 Vestavia Dr	
CITY-ST-ZIP	VENICE FL		3.4 CITY-ST-ZIP	Venice, FL 34292	
TITLE	DP	☐ DELETE	4.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	LUDWIG, MARY LOU		4.2 NAME	Ludwig, Mary Lou	
STREET ADDRESS	221 VESTAVIA DR		4.3 STREET ADDRESS	221 Vestavia Dr.	
CITY-ST-ZIP	VENICE FL		4.4 CITY-ST-ZIP	Venice, FL 34292	
TITLE	DS	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	DIMARCO, ANEGLO		5.2 NAME	DiMarco, Aneglo	
STREET ADDRESS	205 VESTAVIA DR		5.3 STREET ADDRESS	205 Vestavia Dr.	
CITY-ST-ZIP	VENICE FL 34292		5.4 CITY-ST-ZIP	Venice, FL 34292	
TITLE		☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERNEST C SKINNER SIGNATURE REQUIRED 3/23/99 941-493-0287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #