
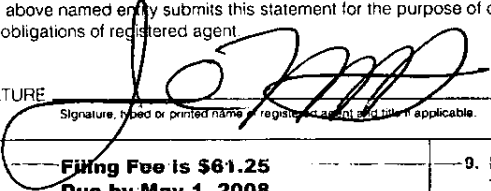



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90064 005 ****61.25

DOCUMENT # N42271 1. Entity Name VISIONS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business ELLIOTT MERRILL MANAGEMENT 835 20TH PLACE VERO BEACH, FL 32960 US			Mailing Address ELLIOTT MERRILL MANAGEMENT 835 20TH PLACE VERO BEACH, FL 32960 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3178132	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MERRILL, CRAIG C/O ELLIOTT MERRILL COMM. MGMT. 835 20TH PLACE VERO BEACH, FL 32960			Name Jane Cornett, Esq. Street Address (P.O. Box number is Not Acceptable) 401 SE Osceola Street Suite 101 City Stuart FL Zip Code 34994		
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  DATE 3.10.08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ASHBY, EDWARD 4000 N A1A #701 FORT PIERCE, FL 34949	TITLE NAME Secretary/Treas. Edward Ashby			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VAN DYKE, DONALD 4000 N A1A, #501 FORT PIERCE, FL 34949	TITLE NAME President Donald Van Dyke			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OLSON, TIMOTHY 4000 N A1A #601 FORT PIERCE, FL 34949	TITLE NAME VP Timothy Olson			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O D				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE 2/22/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

DONALD L. VAN DYKE