

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42271

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: VISIONS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

ELLIOTT MERRILL MANAGEMENT  
835 20TH PLACE  
VERO BEACH, FL 32960 US

**New Principal Place of Business:**

4000 N A1A  
FORT PIERCE, FL 34949 US

**Current Mailing Address:**

ELLIOTT MERRILL MANAGEMENT  
835 20TH PLACE  
VERO BEACH, FL 32960 US

**New Mailing Address:**

FEI Number: 59-3178132      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORNETT, JANE ESQ  
401 SE OSCEOLA STREET  
STE. 101  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: S/T ( ) Delete  
Name: ASHBY, EDWARD  
Address: 4000 N A1A #701  
City-St-Zip: FORT PIERCE, FL 34949

Title: P ( ) Delete  
Name: VAN DYKE, DONALD  
Address: 4000 N A1A #501  
City-St-Zip: FORT PIERCE, FL 34949

Title: VP ( ) Delete  
Name: OLSON, TIMOTHY  
Address: 4000 N A1A #601  
City-St-Zip: FORT PIERCE, FL 34949

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ASHBY, EDWARD  
Address: 4000 N A1A #701  
City-St-Zip: FORT PIERCE, FL 34949

Title: VP/T (X) Change ( ) Addition  
Name: SCHAFFNER, EDWIN W  
Address: 4000 N A1A #201  
City-St-Zip: FORT PIERCE, FL 34949

Title: S (X) Change ( ) Addition  
Name: SMITH, ELOISE  
Address: 4000 N A1A #1002  
City-St-Zip: FORT PIERCE, FL 34949

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: EDWIN W. SCHAFFNER

VP/T

04/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date