


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90182 018 ****61.25

DOCUMENT # N44445	
1. Entity Name VISTA VILLAGE TOWNHOMES OWNERS ASSOCIATION, INC.	

Principal Place of Business INTEGRITY ASSN MGT 701 ENTERPRISE RD. E, #704 SAFETY HARBOR, FL 34695 US	Mailing Address INTEGRITY ASSN MGT 701 ENTERPRISE RD. E, #704 SAFETY HARBOR, FL 34695 US
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60035633



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

04082008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3107222	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LANG, NICHOLAS F PA 5001 FOURTH ST N STE A SAINT PETERSBURG, FL 33703		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILCICH, DAVID	NAME	
STREET ADDRESS	19201 VISTA LANE A-2	STREET ADDRESS	
CITY-ST-ZIP	INDIAN SHORES, FL 33785	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, JOHN	NAME	
STREET ADDRESS	19201 VISTA LANE C-3	STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOWLES, DAVID	NAME	
STREET ADDRESS	19201 VISTA LANE B-10	STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAKO, GARY	NAME	
STREET ADDRESS	19201 VISTA LANE B-3	STREET ADDRESS	
CITY-ST-ZIP	INDIAN SHORES, FL 33785	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, FRANK	NAME	
STREET ADDRESS	19201 VISTA LANE B-2	STREET ADDRESS	
CITY-ST-ZIP	INDIAN SHORES, FL 33785	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #