

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90242 009 \*\*\*\*61.25

**60002415**



<b>DOCUMENT # N92000000349</b> 1. Entity Name <b>VISTA MOORINGS HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business 19651 GULF BLVD. INDIAN SHORES, FL 33785 US			Mailing Address 19651 GULF BLVD. B-8 INDIAN SHORES, FL 33785 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3151697</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LAWRENCE, JAMES J</b> <b>19651 GULF BLVD. #A-13</b> <b>INDIAN SHORES, FL 33785</b>			7. Name and Address of New Registered Agent Name <b>DEBORRAH CRENSHAW</b> Street Address (P.O. Box Number is Not Acceptable) <b>19651 GULF BLVD # A-4</b> City <b>INDIAN SHORES</b> <b>FL</b> Zip Code <b>33785</b>		
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 <i>Deborah Crenshaw</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>1/10/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BYRNE, RICHARD	NAME			
STREET ADDRESS	19651 GULF BLVD #B-7	STREET ADDRESS			
CITY-ST-ZIP	INDIAN SHORES, FL 33785	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROMEI, JOE	NAME			
STREET ADDRESS	19651 GULF BLVD #A-5	STREET ADDRESS			
CITY-ST-ZIP	INDIAN SHORES, FL 33785	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RUSSIE, JOYCE	NAME			
STREET ADDRESS	19651 GULF BLVD #A-10	STREET ADDRESS			
CITY-ST-ZIP	INDIAN SHORES, FL 33785	CITY-ST-ZIP			
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LAWRENCE, JAMES J	NAME	<b>DEBORRAH CRENSHAW</b>		
STREET ADDRESS	19651 GULF BLVD #A-5	STREET ADDRESS	<b>19651 GULF BLVD # A4</b>		
CITY-ST-ZIP	INDIAN SHORES, FL	CITY-ST-ZIP	<b>INDIAN SHORES, FL 33785</b>		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORGAN, DEBORAH	NAME	<b>MIKE MEEGAN</b>		
STREET ADDRESS	19651 GULF BLVD #A-2	STREET ADDRESS	<b>19651 GULF BLVD #A2</b>		
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785	CITY-ST-ZIP	<b>INDIAN SHORES, FL 33785</b>		
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>1/10/06</b> Daytime Phone # <b>757595273</b>		