

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003628

FILED  
Apr 18, 2006  
Secretary of State

**Entity Name:** VISTA COVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

19717 GULF BLVD  
INDIAN SHORES, FL 33785

**New Principal Place of Business:**

**Current Mailing Address:**

7300 PARK ST  
SEMINOLE, FL 33777 US

**New Mailing Address:**

**FEI Number:** 59-3279168

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RESOURCE MANAGEMENT  
7300 PARK STREET  
SEMINOLE, FL 33777 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: VPD ( ) Delete  
Name: DAVIS, VIRGINIA  
Address: 19717 GULF BLVD #7  
City-St-Zip: INDIAN SHORES, FL 33785

Title: TD ( ) Delete  
Name: DUNKELBARGER, JUDY  
Address: 19717 GULF BOULEVARD #12  
City-St-Zip: INDIAN SHORES, FL 33785

Title: D ( ) Delete  
Name: HELLER, CHARLES  
Address: 19201 VISTA LANE #2  
City-St-Zip: INDIAN SHORES, FL 33785

Title: PD ( ) Delete  
Name: EMMETT, ANGELA  
Address: 19717 GULF BLVD. # 15  
City-St-Zip: INDIAN SHORES, FL 33785

Title: SD ( ) Delete  
Name: MYERS, ELIZABETH  
Address: 19717 GULF BLVD #8  
City-St-Zip: INDIAN SHORES, FL 33785

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ANGELA EMMETT

P

04/18/2006

Electronic Signature of Signing Officer or Director

Date