

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000001489

1. Entity Name
VISTA DEL MAR HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
**649 GULF SHORE BOULEVARD NORTH
NAPLES, FL 33940**

Mailing Address
**649 GULF SHORE BOULEVARD NORTH
NAPLES, FL 33940**



04232008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3465451	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HUMPHREVILLE, JOHN D ESQ.
QUARLES & BRADY
4501 TAMiami TRAIL NORTH, SUITE 300
NAPLES, FL 33940-3060**

**DO NOT WRITE
IN THIS SPACE**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BLANTON, ROBERT
STREET ADDRESS	629 GULF SHORE BOULEVARD NORTH
CITY-ST-ZIP	NAPLES, FL 34102

TITLE	VPD
NAME	RYAN, ANTHONY
STREET ADDRESS	639 GULF SHORES BLVD N
CITY-ST-ZIP	NAPLES, FL 34102

TITLE	D
NAME	FRANTZEN, HENRY
STREET ADDRESS	669 GULF SHORE BLVD N
CITY-ST-ZIP	NAPLES, FL 34102

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/27/08-80067-006 61.25

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

Robert Blanton
Robert Blanton

Date

Daytime Phone #

4/25/08 239-263-2227
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