

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000004171 (3)**

1. Corporation Name
VISTA LAKES OWNERS ASSOCIATION, INC.



Principal Place of Business: 11934 S.W. 208 TERRACE MIAMI FL 33177-5321
Mailing Address: 11934 S.W. 208 TERRACE MIAMI FL 33177-5321

3. Date Incorporated or Qualified: 08/30/1995
3a. Date of Last Report

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

4	FEI Number	Applied For
	65-0616495	Not Applicable
5	Certificate of Status Desired	\$8.75 Additional Fee Required
	X	
6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent
**ROBBINS, CHARLES D
2400 SUNBANK INTERNATIONAL CENTER
ONE SOUTHEAST THIRD AVENUE
MIAMI FL 33131**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
	700 Suntrust Bldg.
83	Street Address
	777 Brickell Ave.
84	City
	FL
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVENPORT, RICHARD A	1.2 NAME	
STREET ADDRESS	11934 S.W. 208 TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33177-5321	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTOPHER, MICHAEL C	2.2 NAME	
STREET ADDRESS	11934 S.W. 208 TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33177-5321	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVENPORT, J. STEVEN	3.2 NAME	
STREET ADDRESS	11934 S.W. 208 TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33177-5321	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard Davenport, Sec'y 5/14/96 (305)251-5577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)