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Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
11934 S.W. 208 TERRACE MIAMI FL 33177-5321
11934 S.W. 208 TERRACE MIAMI FL 33177-5321

3. Date Incorporated or Qualified 08/30/1995
3a. Date of Last Report 06/26/1996

2. Principal Place of Business 2a. Mailing Address
21 15292 SW 17 ST Suite, Apt. #, etc.
26 15292 SW 17 ST. Suite, Apt. #, etc.

4. FEI Number 65-0616495
Applied For Not Applicable

22 City & State 27 City & State
23 Davie FL 28 Davie FL

5. Certificate of Status Desired \$8.75 Additional Fee Required

24 33326 25 USA 29 33326 30 USA

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 No

9. Name and Address of Current Registered Agent
ROBBINS, CHARLES D
900 SUNTRUST BLDG
777 BRICKELL AVE
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	STD <input type="checkbox"/> DELETE
NAME	DAVENPORT, RICHARD A
STREET ADDRESS	11934 S.W. 208 TERRACE
CITY - ST - ZIP	MIAMI FL 33177-5321
TITLE	PD <input type="checkbox"/> DELETE
NAME	CHRISTOPHER, MICHAEL C
STREET ADDRESS	11934 S.W. 208 TERRACE
CITY - ST - ZIP	MIAMI FL 33177-5321
TITLE	VD <input type="checkbox"/> DELETE
NAME	DAVENPORT, J. STEVEN
STREET ADDRESS	11934 S.W. 208 TERRACE
CITY - ST - ZIP	MIAMI FL 33177-5321
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 - Secy* 2/27/97 382-0020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0033165

CR2E037 (9/96)