


FILE NOW: FILING FEE IS \$61.25

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Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90081 024 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000004171

1. Corporation Name
VISTA LAKES OWNERS ASSOCIATION, INC.

Principal Place of Business 15292 SW 17TH ST DAVIE FL 33326 US	Mailing Address 15292 SW 17TH ST DAVIE FL 33326 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/30/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0616495
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	30. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 Robbins, Charles D. 82. Street Address (P.O. Box Number is Not Acceptable) Katz, Barron, Squiterno, Faust & Berman 83. 2699 So. Bayshore Drive 84. City Miami 85. Zip Code FL 33133
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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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" 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	15292 SW 17 street
CITY-ST-ZIP	MIAMI FL 33177-5321	1.4 CITY-ST-ZIP	Davie FL 33326
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" 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	15292 SW 17 street
CITY-ST-ZIP	MIAMI FL 33177-5321	2.4 CITY-ST-ZIP	Davie, FL 33326
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" 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	15292 SW 17 street
CITY-ST-ZIP	MIAMI FL 33177-5321	3.4 CITY-ST-ZIP	Davie, FL 33326
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	

14. I 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *2/14/99* 954-382-0020
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)