

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004171

1. Entity Name

VISTA LAKES OWNERS ASSOCIATION, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

01-26-2000 90117 010 ****70.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 15292 SW 17TH ST 15292 SW 17TH ST
 DAVIE FL 33326 DAVIE FL 33326-2046
 US US

2. Principal Place of Business 3. Mailing Address
15342 SW 17 St **15342 SW 17 St**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
65-0616495 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBBINS, CHARLES D
KATZ, BARRON, SQUITERO, FAUST & BERMAN
2699 S. BAYSHORE DR
MIAMI FL 33131

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW:
FEE IS \$61.25
+ 8.75 = 70.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD	<input type="checkbox"/> Delete
NAME	DAVENPORT, RICHARD A	
STREET ADDRESS	15292 SW 17TH STREET	
CITY-ST-ZIP	DAVIE FL 33326	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CHRISTOPHER, MICHAEL C	
STREET ADDRESS	15292 SW 17TH STREET	
CITY-ST-ZIP	DAVIE FL 33326	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DAVENPORT, J. STEVEN	
STREET ADDRESS	15292 SW 17TH STREET	
CITY-ST-ZIP	DAVIE FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	15342 SW 17 St	
CITY-ST-ZIP		
TITLE	Vice President, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	15342 SW 17 St	
CITY-ST-ZIP		
TITLE	Secretary, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	15342 SW 17 St	
CITY-ST-ZIP		
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nancy J. Lasagna	
STREET ADDRESS	15342 SW 17 St	
CITY-ST-ZIP	DAVIE, FL 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Michael C. Christopher* **MICHAEL C. CHRISTOPHER** Date: **Jan 11, 2002** Daytime Phone # **382-0020**