

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 11, 2001 8:00 am
Secretary of State

04-17-2001 90032 017 ****61.25

DOCUMENT # N95000004171
1. Entity Name
 VISTA LAKES OWNERS ASSOCIATION, INC.

Principal Place of Business **Mailing Address**
 c/o Century Management Serv. c/o Century Management Serv.
 9000 Sheridan St. #100 9000 Sheridan St. #100
 Pembroke Pines, Fl 33024 Pembroke Pines, Fl 33024

2. Principal Place of Business **3. Mailing Address**
 c/o Century Management Serv. c/o Century Management Serv.

Suite, Apt. #, etc.
 9000 Sheridan St. #100 9000 Sheridan St. #100

City & State
 Pembroke Pines, Fl 33024 Pembroke Pines, Fl 33023

Zip **Country**
 33024 Broward 33024 Broward

4. FEI Number **Applied For**
 65-0616495 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Robbins, Charles D.
 Katz, Barron, Squitiero, Faust & Berman
 2699 S. Bayshore Dr.
 Miami, Fl 33131

7. Name and Address of New Registered Agent
Name Mark Poffenbarger
Street Address (P.O. Box Number is Not Acceptable)
 c/o Century Management Services, Inc.
 9000 Sheridan St. Suite 1000
City Pembroke Pines, **FL** **Zip Code** 33024

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 *MP*  **Mark Poffenbarger, Property Manager** **DATE** 4/5/01
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution. **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE BD	NAME Richard A. Davenport	<input type="checkbox"/> Delete
STREET ADDRESS 15342 S.W. 17 Street	CITY-ST-ZIP Davie, Fl 33326	
TITLE VD	NAME Michael C. Christopher	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 15342 SW 17 Street	CITY-ST-ZIP Davie, Fl 33326	
TITLE BD	NAME Steven J. Davenport	<input type="checkbox"/> Delete
STREET ADDRESS 15342 S.W. 17 Street	CITY-ST-ZIP Davie, Fl 33326	
TITLE D	NAME Nancy J. Lasagna	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 15342 S.W. 17 Street	CITY-ST-ZIP Davie, Fl 33326	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD	NAME 11860 W. ST. RD. 84 #B-15	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 11860 W. ST. RD. 84 #B-15	CITY-ST-ZIP DAVIE, FL 33325	
TITLE VD	NAME 11860 W. ST. RD. 84 B-15	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 11860 W. ST. RD. 84 B-15	CITY-ST-ZIP DAVIE, FL 33325	
TITLE SD	NAME KIM SMITH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 11860 W. ST. RD. 84 B-15	CITY-ST-ZIP DAVE, FL 33325	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(i), 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: *mkp* **DATE** 4/5/01 **Daytime Phone #**

CR2E037 (11/00)