

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED


05 FEB 16 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**REINSTATEMENT 04-05**



**DOCUMENT # N95000004171**

1. Entity Name  
VISTA LAKES OWNERS ASSOCIATION, INC.



Principal Place of Business  
12505 ORANGE DR  
906  
FORT LAUDERDALE, FL 33330 US

Mailing Address  
12505 ORANGE DR  
906  
FORT LAUDERDALE, FL 33330 US

2. Principal Place of Business  
4780 N State Rd 7  
Suite, Apt. #, etc.  
SUITE E250

3. Mailing Address  
4780 N State Rd 7  
Suite, Apt. #, etc.  
SUITE E250

City & State  
LAUDERDALE LAKES, FL

City & State  
LAUDERDALE LAKES, FL

Zip  
33319

Country  
USA

Zip  
33319

Country  
USA

01172005 REIN-NP CR2E099 (6/04)

4. FEI Number  
65-0616495

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

PHOENIX MANAGEMENT SERVICES  
4780 NORTH STATE ROAD 7  
SUITE E250  
LAUDERDALE LAKES, FL 3319

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Elena Wiesorn 11/17/2005

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

**FILE NOW!!! FEE IS \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DISTEFANO, FRANK 1783 SW 148 ST FORT LAUDERDALE, FL 33331	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500047542435 03/02/05--01007--014 **122.50	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ORESTES, CASARIEGO 14942 SW 17 ST FORT LAUDERDALE, FL 33331	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROVER, FRANCIS JOHN 15292 SW 17 ST FORT LAUDERDALE, FL 33331	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KELLY, DENISE 1480 NW 129 AVE FORT LAUDERDALE, FL 33331	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCOVICI, MARZUCA 14841 SW 20 ST FORT LAUDERDALE, FL 33331	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 Frank Distefano 2/11/05 954 640-7070

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #