

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004171

FILED
Feb 27, 2009
Secretary of State

Entity Name: VISTA LAKES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4800 N STATE RD 7
SUITE F-105
LAUDERDALE LAKES, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

4800 N STATE RD 7
SUITE F-105
LAUDERDALE LAKES, FL 33319 US

New Mailing Address:

FEI Number: 65-0616495 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

PHOENIX MANAGEMENT SERVICES
4800 NORTH STATE ROAD 7
SUITE F150
LAUDERDALE LAKES, FL 33319 US

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: _____

Electronic Signature of Registered Agent

02/27/2009

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WIECZOREK, VALERIA
Address: 14992 SW 17 ST
City-St-Zip: DAVIE, FL 33326

Title: VD () Delete
Name: SAVAGE, MICHAEL
Address: 14842 SW 17 ST
City-St-Zip: DAVIE, FL 33326

Title: T () Delete
Name: ORESTES, CASARIEGO
Address: 14942 SW 17 ST
City-St-Zip: DAVIE, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VALERIA WIECZOREK

Electronic Signature of Signing Officer or Director

PD

02/27/2009

Date