

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

3/

03-27-2003 90109 048 \*\*\*\*61.25

**DOCUMENT # N95000004171**

1. Entity Name

**VISTA LAKES OWNERS ASSOCIATION, INC.**



Phoenix Management Services  
4780 N State Rd 7  
Suite E250  
Lauderdale Lakes, FL 3319

Phoenix Management Services  
4780 N State Rd 7  
Suite E250  
Lauderdale Lakes, FL 3319

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CHECK HERE IF MAKING CHANGES

3. Mailing Address		4. FEI Number <b>65-0616495</b>		Applied For
Suite, Apt. #, etc.		City & State		Not Applicable
City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
<b>POFFENBARGER, MARK</b> % CENTURY MANAGEMENT SERVICES, INC 12505 ORANGE DR. STE 906 FORT LAUDERDALE FL 33-330J			Name	
			Street Ad	
			City	
			p Code	
			Phoenix Management Services 4780 N State Rd 7 Suite E250 Lauderdale Lakes, FL 3319	

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

**NEIL KARP**

**4/14/03**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

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

CR2E037 (10/02)

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

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**3/25/03 X954 640-7070**

Date

Daytime Phone #