

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90033 047 ****61.25

DOCUMENT # N95000005244 1. Entity Name LA VISTA HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 2749 LA VISTA DRIVE HAINES CITY, FL 33844 US			Mailing Address P.O. BOX 1073 HAINES CITY, FL 33845 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0104903	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PULLINE, COLIN 2719 LA VISTA DRIVE HAINES CITY, FL 33844				7. Name and Address of New Registered Agent Name <u>JIM NORMAN</u> Street Address (P.O. Box Number is Not Acceptable) <u>2701 LA VISTA DRIVE</u> City <u>HAINES CITY</u> FL <u>33844</u>	
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 <u>JIM NORMAN</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<u>23 MAR 05</u> <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD FISSELL, JOHN 2708 LA VISTA DRIVE HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROD ADAIR 2720 LA VISTA DRIVE HAINES CITY FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
VD NORMAN, JIM 2701 LA VISTA DRIVE HAINES CITY, FL 33844		<input checked="" type="checkbox"/> Delete		ST EMILY HENDRICKS 2743 LA VISTA DRIVE HAINES CITY FL 33844	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete		PD JIM NORMAN 2701 LA VISTA DRIVE HAINES CITY FL 33844	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
ST PULLEN, MARILYN 2719 LA VISTA DRIVE HAINES CITY, FL 33844		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE 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)(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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>22 Mar 05</u> <u>863 421</u> <small>Date Daytime Phone #</small>	