


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 12, 2006 8:00 am**  
**Secretary of State**

06-12-2006 90004 035 \*\*\*\*61.25

<b>DOCUMENT # N95000005244</b>	
1. Entity Name <b>LA VISTA HOMEOWNERS' ASSOCIATION, INC.</b>	

Principal Place of Business <b>2749 LA VISTA DRIVE HAINES CITY FL 33844 US</b>	Mailing Address <b>2749 LA VISTA DRIVE HAINES CITY FL 33844 US</b>
---	---



1st MOORE CR2E037 (10/05)

2. Principal Place of Business <b>2743 Lavista Dr</b> Suite, Apt. #, etc.	3. Mailing Address <b>2743 Lavista Drive</b> Suite, Apt. #, etc.
City & State <b>Haines City Florida</b>	City & State <b>Haines City Florida</b>
Zip <b>33844</b>	Zip <b>33844</b>
Country <b>Polk</b>	Country <b>Polk</b>

4. FEI Number <b>65-0104903</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
--

6. Name and Address of Current Registered Agent <b>NORMAN, JIM 2701 LA VISTA DRIVE HAINES CITY FL 33844</b>	7. Name and Address of New Registered Agent Name <b>Adair, Rod</b> Street Address (P.O. Box Number is Not Acceptable) <b>2720 Lavista Drive</b> City <b>Haines City</b> <b>FL</b> Zip Code <b>33844</b>
--	---

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when renewing) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
--	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ADAI, ROD 2720 LA VISTA DRIVE HAINES CITY FL 33844 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Fissell 2708 Lavista Dr Haines City FL 33844 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HENDRICKS, EMILY 2743 LA VISTA DRIVE HAINES CITY FL 33844 <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	PD NORMAN, JIM 2701 LA VISTA DRIVE HAINES CITY FL 33844 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAI, Rod 2720 Lavista Dr Haines City FL 33844 <input checked="" 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
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
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 exemptions contained in Section 119, 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: **Emily Hendricks**  
**Emily Hendricks**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date **4-25-06** Daytime Phone # **676-1411 3500**