

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90015 039 \*\*\*\*61.25

DOCUMENT # N95000005244

1. Entity Name

LA VISTA HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2743 LAVISTA DR  
HAINES CITY FL 33844  
US

2743 LAVISTA DR  
HAINES CITY FL 33844  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0104903

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADAIR, ROD  
2720 LAVISTA DR  
HAINES CITY FL 33844

Name

*John Fissel*

Street Address (P.O. Box Number is Not Acceptable)

*2708 Lavista Drive*

City

*Haines City*

FL

Zip Code  
*33844*

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

*John C. Fissel*

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

(NOTE: Registered Agent signature required when reinstating)

*3-6-07*

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
ADAIR, ROD  
2708 LAVISTA DR  
ZEPHYRHILLS FL 33544 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President  
Johnny Austin  
2714 Lavista Drive  
Haines City FL 33844 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
HENDRICKS, EMILY  
2743 LA VISTA DRIVE  
HAINES CITY FL 33844 ☐ Delete *same ->*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
HENDRICKS, Emily  
2743 Lavista  
Haines City FL 33844 ☐ Change ☐ Addition *(same)*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
ADAIR, ROD  
2720 LAVISTA RD  
HAINES CITY FL 33844 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
John Fissel  
2708 Lavista Drive  
Haines City Florida 33844 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-6-07 (863) 421-3478*

Date Daytime Phone #