

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005244

FILED  
Jun 24, 2009  
Secretary of State

Entity Name: LA VISTA HOMEOWNERS' ASSOCIATION, INC.

## Current Principal Place of Business:

2743 LAVISTA DR  
HAINES CITY, FL 33844 US

## New Principal Place of Business:

2708 LAVISTA DR  
HAINES CITY, FL 33844 US

## Current Mailing Address:

2743 LAVISTA DR  
HAINES CITY, FL 33844 US

## New Mailing Address:

2708 LAVISTA DR  
HAINES CITY, FL 33844 US

FEI Number: 65-0104903      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

FISSEL, JOHN  
2708 LA VISTA DRIVE  
HAINES CITY, FL 33844 US

## Name and Address of New Registered Agent:

FISSEL, DEBBIE  
2708 LA VISTA DRIVE  
HAINES CITY, FL 33844 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: DEBBIE FISSELL

06/24/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: AUSTIN, JOHNNY  
Address: 2714 LA VISTA DRIVE  
City-St-Zip: HAINES CITY, FL 33844

Title: ST ( ) Delete  
Name: HENDRICKS, EMILY  
Address: 2743 LA VISTA DRIVE  
City-St-Zip: HAINES CITY, FL 33844

Title: P ( ) Delete  
Name: FISSEL, JOHN  
Address: 2708 LA VISTA DRIVE  
City-St-Zip: HAINES CITY, FL 33844

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: AUSTIN, JOHNNY  
Address: 2714 LA VISTA DRIVE  
City-St-Zip: HAINES CITY, FL 33844

Title: ST (X) Change ( ) Addition  
Name: FISSELL, DEBBIE  
Address: 2708 LA VISTA DRIVE  
City-St-Zip: HAINES CITY, FL 33844

Title: VP (X) Change ( ) Addition  
Name: HUGHES, JASON  
Address: 2738 LA VISTA DRIVE  
City-St-Zip: HAINES CITY, FL 33844

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: DEBBIE FISSELL

ST

06/24/2009

Electronic Signature of Signing Officer or Director

Date