

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000822

FILED
Apr 22, 2008
Secretary of State

Entity Name: VISTA SHORES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

18832 GULF BLVD.
INDIAN SHORES, FL 33785

New Principal Place of Business:

Current Mailing Address:

C/O RESOURCE PROPERTY MGMT
7300 PARK STREET
SEMINOLE, FL 33777 US

New Mailing Address:

FEI Number: 59-3367386 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESOURCE MANAGEMENT
DEBRA REINHRAT
7300 PARK ST
SEMINOLE, FL 33777 US

Name and Address of New Registered Agent:

RESOURCE MANAGEMENT
7300 PARK STREET
SEMINOLE, FL 33777 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: _____

04/22/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TALIAFERRO, ROBERT
Address: 107 LOCUST DRIVE
City-St-Zip: BRANDON, FL 33511

Title: SD () Delete
Name: FRANCEONERI, LOUIS
Address: 18832 GULF BLVD #10
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: STD () Delete
Name: BOSEK, RALPH
Address: 10905 VICTORIA ARBOR WAY
City-St-Zip: TEMPLE TERRACE, FL 33785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: BOSEK, RALPH
Address: 10905 VICTORIA ARBOR WAY
City-St-Zip: TEMPLE TERRACE, FL 33617

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: ROBERT TALIAFERRO

PRES

04/22/2008

Electronic Signature of Signing Officer or Director

Date