

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000822

FILED  
Apr 07, 2009  
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  
7300 PARK STREET  
SEMINOLE, FL 33777 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: CAMPBELL, SCOTT  
Address: 5606 TPC BLVD  
City-St-Zip: LUTZ, FL 33558

Title: D (X) Change ( ) Addition  
Name: FRANCEONERI, LOUIS  
Address: 18832 GULF BLVD #10  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: P/T (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: RALPH BOSEK

P

04/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date