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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000000880

1. Corporation Name
VISTA COVE OF ORLANDO HOMEOWNERS' ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
1602 RIO COVE COURT ORLANDO FL 32825	1602 RIO COVE COURT ORLANDO FL 32825

2. Principal Place of Business
21 10139 Vista Cove Ln.
Suite, Apt. #, etc. 22 —
City & State 23 Orlando, FL
Zip 24 32825 Country 25 U.S.A.

2a. Mailing Address
26 10139 Vista Cove Ln.
Suite, Apt. #, etc. 27 —
City & State 28 Orlando, FL
Zip 29 32825 Country 30 U.S.A.

3. Date Incorporated or Qualified
02/13/1998

4. FEI Number
59-3534045
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

RIVERO, CARLOS A
1602 RIO COVE COURT
ORLANDO FL 32825

10. Name and Address of New Registered Agent

81 Name ROY McGRIFF JR.
82 Street Address (P.O. Box Number is Not Acceptable) 10267 VISTA COVE LN.
83
84 City ORLANDO FL 85 Zip Code 32825

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Roy McGriff Jr. ROY McGRIFF, PRESIDENT 7/9/99
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	RIVERO, CARLOS A		1.2 NAME	ROY McGRIFF JR.	
STREET ADDRESS	1602 RIO COVE COURT		1.3 STREET ADDRESS	10267 VISTA COVE LN.	D
CITY-ST-ZIP	ORLANDO FL 32825		1.4 CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	S	☒ DELETE	2.1 TITLE	VICE-PRESIDENT	☐ Change ☒ Addition
NAME	RIVERO, MICHELLE		2.2 NAME	NANCY MEGILL	
STREET ADDRESS	1602 RIO COVE COURT		2.3 STREET ADDRESS	10249 Vista Cove Ln.	D
CITY-ST-ZIP	ORLANDO FL 32825		2.4 CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE		☐ DELETE	3.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME			3.2 NAME	PERLA MATTHEWS	
STREET ADDRESS			3.3 STREET ADDRESS	10103 VISTA COVE LN.	D
CITY-ST-ZIP			3.4 CITY-ST-ZIP	ORLANDO FL 32825	
TITLE		☐ DELETE	4.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME			4.2 NAME	HOLLY ARENCIBIA	
STREET ADDRESS			4.3 STREET ADDRESS	10139 VISTA COVE LN.	D
CITY-ST-ZIP			4.4 CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/91)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Roy McGriff Jr. SIGNATURE REQUIRED 7/9/99 (407) 482-0742
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
ROY McGRIFF, PRESIDENT