


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90037 017 ****61.25

DOCUMENT # N98000000880	
1. Entity Name VISTA COVE OF ORLANDO HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 1950 LEE ROAD SUITE 212 WINTER PARK, FL 32789 US	Mailing Address 1950 LEE ROAD SUITE 212 WINTER PARK, FL 32789 US
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40091884



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 10127 Vista Cove Ln	Suite, Apt. #, etc. 10127 Vista Cove Ln	City & State Orlando, FL	City & State Orlando, FL
Zip 32825	Country US	Zip 32825	Country U.S.

01132006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3534045	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
ARMSTRONG, JANICE Lopez, Yiariluz GREYSTONE MANG. COMPANY, INC. 1950 LEE ROAD, SUITE 212 WINTER PARK, FL 32789	

7. Name and Address of New Registered Agent	
Name Yiariluz Lopez	
Street Address (P.O. Box Number is Not Acceptable) 10127 Vista Cove Ln	
City Orlando	FL Zip Code 32825

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 Yiariluz Lopez (Vice President)	DATE 5/1/06
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**Filing Fee is \$81.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOPEZ, YIARILUZ 10127 VISTA COVE LANE ORLANDO, FL 32825 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NIEVES, ELSA 10213 VISTA COVE WAY ORLANDO, FL 32825 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GUZMAN, BILLY 10133 VISTA COVE LANE ORLANDO, FL 32825 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEREZ, ERIKA 10115 VISTA COVE LANE ORLANDO, FL 32825 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Yiariluz Lopez	DATE: 5/1/06	DAYTIME PHONE: (407) 277-7618
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