

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001616

FILED
Mar 23, 2009
Secretary of State

Entity Name: VISTA COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1000 VISTA COVE ROAD
ST. AUGUSTINE, FL 32095

New Principal Place of Business:

Current Mailing Address:
5455 A1A SOUTH
ST. AUGUSTINE, FL 3280

New Mailing Address:

FEI Number: 59-3514318 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAY MANAGEMENT SERVICES, INC.
5455 A1A SOUTH
ST. AUGUSTINE, FL 32080 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: BRINGLE, CHARLES
Address: 2823 VISTA COVES RD
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: SD () Delete
Name: KINNALLY, JAN
Address: 3114 HALEY POINT RD
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: T (X) Delete
Name: LEIHER, JOSEF P
Address: 4608 SERENA CIR
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VP () Delete
Name: TOWNSEID, ELDRIDGE
Address: 2410 VISTA COVE RD
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: LIEPOLD, ARTHUR
Address: 1310 VISTA COVE RD
City-St-Zip: SAINT AUGUSTINE, FL 32084

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

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

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: ELDRIDGE TOWNSEID

VP

03/23/2009

Electronic Signature of Signing Officer or Director

Date