


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N98000002409 1. Entity Name VISTAWILLA PLAZA B OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 130 S ORANGE AVE #300 ORLANDO, FL 32801 US	Mailing Address 130 S ORANGE AVE #300 ORLANDO, FL 32801 US
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**DO NOT WRITE IN THIS SPACE**



06282005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3598408	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
YEAGER, ROBERT A  
130 S ORANGE AVE  
#300  
ORLANDO, FL 32801

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YEAGER, ROBERT A 130 S ORANGE AVE #300 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, JULIE 130 S ORANGE AVE #300 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERMAN, JOSEPH 130 S ORANGE AVE #300 ORLANDO, FL 32801
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000377079  
08/25/05-80004-015 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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:  7/12/05 407-425-6623  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #