

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002409

FILED
Apr 30, 2009
Secretary of State

Entity Name: VISTAWILLA PLAZA B OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1491 EAST SR 434
UNIT 103
WINTER SPRINGS, FL 32708 US

Current Mailing Address:

1491 EAST SR 434
UNIT 103
WINTER SPRINGS, FL 32708 US

New Principal Place of Business:

1511 EAST SR 434
3001
WINTER SPRINGS, FL 32708 US

New Mailing Address:

1511 EAST SR 434
3001
WINTER SPRINGS, FL 32708 US

FEI Number: 59-3598408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RINKA, PATRICK K
215 NORTH EOLA DRIVE
ORLANDO, FL 32801 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: DP () Delete
Name: CORKERY, THOMAS J
Address: 1491 EAST SR 434 SUITE 103
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D (X) Delete
Name: MCLEOD, DAVID
Address: 1491 EAST SR 434 SUITE 103
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D (X) Delete
Name: SPIRES, SCOTT
Address: 278 MAIN ROAD
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MCLEOD, DAVID J
Address: 1511 EAST S.R. 434, SUITE 3001
City-St-Zip: WINTER SPRINGS, FL 32708

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: DAVID MCLEOD

DP

04/30/2009

Electronic Signature of Signing Officer or Director

Date