

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90047 047 ****61.25

0084313

DOCUMENT # N99000003859

1. Entity Name

VISTA COMMONS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**875 SE MONTEREY COMMONS BLVD
STUART FL 34996****875 SE MONTEREY COMMONS BLVD
STUART FL 34996**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOX, M LANNING
1100 S FEDERAL HWY
STUART FL 34994**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRUNER, JAMES K	
STREET ADDRESS	875 SE MONTEREY COMMONS BLVD	
CITY-ST-ZIP	STUART FL 34996	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	STD	<input type="checkbox"/> Delete
NAME	BRUNER, JEFFREY C	
STREET ADDRESS	875 SE MONTEREY COMMONS BLVD	
CITY-ST-ZIP	STUART FL 34996	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	RINKER, LAINE	
STREET ADDRESS	875 SE MONTEREY COMMONS BLVD	
CITY-ST-ZIP	STUART FL 34996	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James K Bruner, Pres.

4/22/01

561-283-4774

Date

Daytime Phone #

CR2E037 (10/00)

Internal Revenue Service

Accounts Management Division I
Branch II - Teletin Unit
Stop 751
PO Box 47421
Chamblee, GA 30362
Phone 678-530-7234/7235
FAX 678-530-6156

524754

Date: March 29, 2001

Employee Identification: 0716933153

TO:	JAMES K BRUNER	FAX:	561-286-8365
FROM:	Accounts Management Division I Teletin Unit	Pages:	1
Company Name	VISTA COMMONS PROPERTY OWNERS ASSOCIATION INC	Employer ID #	65-1086710
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	

This communication is intended for the sole use of the individual to whom it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under the applicable law. If the reader of this communication is not the intended recipient or the employee or agent for delivering the communication to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication may be strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone and return the communication via fax at the number given. Thank you.