


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N990Q0003859	
1. Entity Name VISTA COMMONS PROPERTY OWNERS ASSOCIATION, INC.	

Principal Place of Business 2090 NW FED HWY STUART, FL 34994	Mailing Address 2090 NW FED HWY STUART, FL 34994
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03292005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1086710	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

MCCARTHY, TERENCE
2400 S.E. FEDERAL HWY
FOURTH FLOOR
STUART, FL 34994

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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)

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

Filing Fee is \$61.25 Due by May 1, 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	PTD WOMBLE, WENDY 2090 NW FED HWY STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAMARA, JOHN 2090 NW FED HWY STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUNDSTROM, DANIEL J 1990 N.W. FED HWY STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLDING, RON 581 CIDCO ROAD COCOA, FL 32936
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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UN00000300211
04/12/05-80008-007 61.25

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: Wendy H. Womble 4/6/05 772-692-1960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #