2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003859

FILED Apr 30, 2008 Secretary of State

Entity Name: VISTA COMMONS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2090 NW FED HWY STUART, FL 34994

Current Mailing Address: New Mailing Address:

2090 NW FED HWY 8395 JACKSON RD.

STUART, FL 34994 SUITE 501 SACRAMENTO, CA 95826

FEI Number: 65-1086710 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCCARTHY, TERENCE SINCLAIR-DIAZ, CHETTA 2400 S.E. FEDERAL HWY 5900 N. ANDREWS FOURTH FLOOR SUITE 826

STUART, FL 34994 US FT LAUDERDALE, FL 33309 US

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: CHETTA SINCLAIR-DIAZ 04/30/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PTD () Delete
 Title:
 PRES (X) Change () Addition

 Name:
 WOMBLE, WENDY
 Name:
 SANDERS, KIM

 Address:
 2090 NW FED HWY
 Address:
 8395 JACKSON RD.

Address: 2090 NW FED HWY Address: 8395 JACKSON RD.
City-St-Zip: STUART, FL 34994 City-St-Zip: SACRAMENTO, CA 95826

 Title:
 SD () Delete
 Title:
 VP (X) Change () Addition

 Name:
 CAMARA, JOHN
 Name:
 FULLMER, SARA

 Address:
 2090 NW FED HWY
 Address:
 8395 JACKSON RD.

Address: 2090 NW FED HWY Address: 8395 JACKSON RD.

City-St-Zip: STUART, FL 34994 City-St-Zip: SACREMENTO, CA 95826

Title: D (X) Delete Title: () Change () Addition

 Name:
 BUCK, EDDIE
 Name:

 Address:
 1911 MAYBANK HWY
 Address:

 City-St-Zip:
 CHARLESTON, SC 29412
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 BOLDING, RON
 Name:

 Address:
 581 CIDCO ROAD
 Address:

 City-St-Zip:
 COCOA, FL 32936
 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: FRANCES RICHARDS PM 04/30/2008