

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90127 045 \*\*\*\*61.25

**DOCUMENT # N99000006374**

1. Entity Name  
VISTA DEL SOL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
VISTA DEL SOL CONDOMINIUM ASSC.  
1021 S COLLIER BLVD.  
MARCO ISLAND, FL 34145

Mailing Address  
P.O. BOX 1232  
MARCO ISLAND, FL 34146



04012008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
59-3607766

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

SAMOUVE, ROBERT  
SAMOUVE, MURRELL & FRANCOEUR, P.A.  
800 LAUREL OAK DR., STE 300  
NAPLES, FL 34108

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HORNER, SALLY 831 RIVERVIEW RD MONTROSS, VA 22520
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BANKER, RAYMOND 1021 S. COLLIER BLVD #PH2 MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MICHAEL, RICHARD 1021 S COLLIER BLVD. # 601 MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARRAR, JOHN 1021 S, CIKKUER BKVE /3PH1 MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUSCINSKI, VIRGINIA 15 RAYMOND CT GEORGETOWN, MA 01833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/08

Date

302-373-1029

Daytime Phone #