2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000122573

1. Entity Name

SIGNATURE:

THE SAND TRAP AT VISTA PLANTATION INC.



FILED Jul 21, 2005 8:00 am Secretary of State 07-21-2005 90026 050 ***150.00

| Principal Place of Business | | | Mailing Address | | | | | | | |
|---|---------------------------------------|-----------------------------|--|-------------------------------------|---|------------------------------------|-------------------------|--------------------|------------------|--|
| 48 VISTA PLANTATION DRIVE VERO BEACH FL 32966 | | | 48 VISTA PLANTATION DRIVE VERO BEACH FL 32966 | | | | | | | |
| 2 Principal F | Place of Business | | 3. Mailing Address | | | IIIOOI III BBIII BAAAI BBIII BA | M OOIOI HAKA MOID IIOO | | | |
| 48 VISto Phowatian Daves | | | waning Address | | 1 | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | 15 | 1st MOORE CR2E034 (10/04) | | | | |
| City & State | | | City & State | | 4. FEI Numb | NOT | | IΔn | plied For | |
| U.ERU BENCH P | | - sane | | 20- | 146423 | . (| | t Applicable | | |
| 32960 | Countr | N RWER | Zip Same | Country | | of Status Desired | | 75 Add Required | | |
| | 6. Name and Add | ress of Current A | egistered Agent | | 7. Name and Address of New Registered Agent | | | | | |
| | | | | Name | | | | | | |
| | VER, BARBARA | _ | | Street Addres | S (P.O. Roy Numb | P.O. Box Number is Not Acceptable) | | | | |
| 2041 14TH AVENUE VERO BE <u>ACH</u> FL 32960 | | | | Obeci / idaics | - DOX 14dille | | | | | |
| V2/10 02241 12 32300 | | | | 1655 | 200 | 20 th St | | | | |
| (| (()) | | $\alpha \alpha / \alpha$ | City | 1 BEA | CIL | FL | Zip Code | 960 | |
| 8. The above named entity submits this statement on the curposale 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. | | | | | | | | | | |
| /K / / / / / / / / / / / / / / / / / / | | | | | | | | | | |
| SIGNATURE . | gnalute, typed or plinital nar | rne of registered age it an | d tille if applicant (NO | TE. Registered Agent signature requ | ured when reinstating) | | <u>7-18-05</u> date | | | |
| FILE NOW!!! FEE IS \$150,00 | | | | | | | | | | |
| | May 1, 2005 Fee W | | | | | 9. Election Camp | <u> </u> | |)0 мау Ве | |
| | c Payable to Florida | | State | | : | Trust Fund Co | ntribution. | Adde | d to Fees | |
| 10. | | OFFICERS AND D | IRECTORS | 11. | ADDITIONS | /CHANGES TO OF | FICERS AND DIF | ECTORS | 3 IN 11 | |
| IHLE | SD | | ☐ Delete | TITLE | | | | Change | Addition | |
| NAME CIPCEL ADDRESS | DOWDALL, HOWARD | | NAME | | | | | | | |
| STREET ADDRESS CITY - ST - ZIP | 478 GROVE ISLE C VERO BEACH FL 3 | | | STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE | P | EJUE | ☐ Detete | | | | | <u> </u> | | |
| | STEIGER, HOWARD | | Delete ITITLE | | | | Ц | Change | ☐ Addition | |
| | | | STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | VERO BEACH FL 3 | 2962 | | CITY+ST-ZIP | | | | | | |
| HILE | | - | ☐ Delete | TITLE | | | | Change | Addition | |
| NAME | | | | NAME | | | | | | |
| STREET ADDRESS CITY-ST ZIP | | | | STREET ADDRESS CITY-ST-ZIP | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| TITLE NAME | | | ☐ Delete | TITLE NAME | | | Ü | Change | Addition | |
| STREET ADDRESS | | | | STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | | | | |
| TITLE | | | ☐ Delete | TITLE | | | П | Change | Addition | |
| NAME | | | | NAME | | | - | | _ :==::::::::: | |
| STREET ADDRESS | | | | STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | - | | | CITY-ST-ZIP | | | | | | |
| IIILE | | | ☐ Delete | TITLE | | | | Change | Addition | |
| NAME CIDEEL ADDOCCO | | | | NAME CIRCL ADDRESS | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | STREET ADDRESS CITY-ST-ZIP | | | | | | |
| i | ertify that the informati | ion supplied with * | nie filing does not qualify fo | <u></u> | Section 440.07(2) | (i) Floride Status | I foreste an a model of | | | |
| 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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. | | | | | | | | | | |

USED DOWDALL

ATTACHMENT SOUS 6501

to whom it may Concern: condence yell your instruction per Cell this morning at 8:30 Am Us to our commisse arrure upont, I ting this felter. Dald Not Miller Notice of Filing for OU capacite regat until July 10, 2005. Dent the first coul back to you and Millered the Form or Set Theolos Pu your sustitulions we are asking the fact Fee be warred in July 2005. This notice was the notice and such as Melinia I have included the form and is we thank you for your help trumel Doudall