

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02845

Entity Name: VISTA PLANTATION ASSOCIATION, INC.**Current Principal Place of Business:**49 PLANTATION DRIVE
VERO BCH., FL 32966**Current Mailing Address:**49 PLANTATION DRIVE
VERO BCH., FL 32966**FEI Number:** 59-2801815**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCKINNON, CHARLES W
ATRIUM BUILDING, STE 302
3055 CARDINAL DR
VERO BEACH, FL 32963 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	LUSKY, LIZ
Address	28 PLANTATION DRIVE #105
City-State-Zip:	VERO BEACH FL 32966

Title	VP
Name	USHER, DOUG
Address	11 PLANTATION DRIVE #206
City-State-Zip:	VERO BEACH FL 32966

Title	P
Name	MASON, JOAN
Address	7 PLANTATION DRIVE #106
City-State-Zip:	VERO BEACH FL 32966

Title	SECRETARY
Name	WHITEHEAD, DOREEN
Address	41 PLANTATION DRIVE #102
City-State-Zip:	VERO BEACH FL 32966

Title	DIRECTOR
Name	POWELL, JUDY
Address	26 PLANTATION DRIVE #203
City-State-Zip:	VERO BEACH FL 32966

Title	DIRECTOR
Name	JENSEN, MIKE
Address	45 PLANTATION DR #201
City-State-Zip:	VERO BEACH FL 32966

Title	TREASURER
Name	YEAGER, JANICE
Address	39PLANTATION DRIVE #104
City-State-Zip:	VERO BEACH FL 32966

I hereby 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 all other like empowered.

SIGNATURE: JOAN MASON**PRESIDENT****02/04/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date