

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34656

**Entity Name:** VISTAS HOMEOWNERS' OF SEABROOKE, INC.**Current Principal Place of Business:**500 ALTERNATE 19 SOUTH  
PALM HARBOR, FL 34683**Current Mailing Address:**500 ALTERNATE 19 SOUTH  
PALM HARBOR, FL 34683 US**FEI Number:** 59-2981207**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MONARCH ASSOCIATION MANAGEMENT, INC.  
500 ALTERNATE 19 SOUTH  
PALM HARBOR, FL 34683 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	PRESIDENT
Name	PALSHA, AGGIE
Address	500 ALTERNATE 19 SOUTH
City-State-Zip:	PALM HARBOR FL 34683

Title	TREASURER
Name	RASHEEDI, ABDUL
Address	500 ALTERNATE 19 SOUTH
City-State-Zip:	PALM HARBOR FL 34683

Title	DIRECTOR
Name	DAVIS, HEIDI
Address	500 ALTERNATE 19 SOUTH
City-State-Zip:	PALM HARBOR FL 34683

Title	DIRECTOR
Name	GAMMONS, BUFUS
Address	500 ALTERNATE 19 SOUTH
City-State-Zip:	PALM HARBOR FL 34683

Title	SECRETARY
Name	SMITH-MRKAJA, LEIGHANNE
Address	500 ALTERNATE 19 SOUTH
City-State-Zip:	PALM HARBOR FL 34683

Title	DIRECTOR
Name	BERRY, DOUG
Address	500 ALTERNATE 19 SOUTH
City-State-Zip:	PALM HARBOR FL 34683

*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:** LEIGHANNE SMITH-MRKAJA**SECRETARY****04/28/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date