No. C 179166		Due no later than Jun 30, 2010		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		CONTROL OF MEDICAL PROPERTY AND AN ARCHITECTURE	SEAN R MOULTON			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. VISTAS AT WATER'S EDGE OWNERS' ASSOCIATION, INC. BONNIE K TREGASKIS C/O PO BOX 631 DRIGGS ID 83422		DRIGGS ID 8	60 E WALLACE DRIGGS ID 83422 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Corporations: Enter Names	s and Busin	ess Addresses of P	resident, Secretary, and Directors. Treasu	urer (optional).				
Office Held N	Name		Street or PO Address	City	State	Country	Postal Code	
	RAIG D SN		PO BOX 110111	BIG BEAR LAKE	CA	USA	92315	
NAME OF THE PARTY			PO BOX 1374	BIG BEAR LAKE	CA	USA	92315	
DIRECTOR MARY JO JAI			PO BOX 1374	BIG BEAR LAKE	CA	USA	92315	
DIRECTOR BRENT TREG			PO BOX 68	BIG BEAR LAKE	CA	USA	92315	
DIRECTOR B	ONNIE TRE	GASKIS	PO BOX 68	BIG BEAR LAKE	CA	USA	92315	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 179166		Signature: Bonnie K Tregaskis			Date: 05/01/2010			
		Name (type or print): Bonnie K Tregaskis			Title: Director			
Processed 05/01/2010	* Electronically provided signatures are accepted as original signatures.							