FILE NOW: FILING FEE IS $61.25

FILED
Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739918 (1)

1. Corporation Name

MAR VISTA CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
1000 E. CAMINO REAL #2B 1A BOCA RATON FL 33432	ATTN: A. BILLIE FEHER 1515 SOUTH FEDERAL HWY. 119 BOCA RATON FL 33432 US

3. Date Incorporated or Qualified: 08/16/1977

4. FEI Number: 06-1073979 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address: 188 BEDFORD RD
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State: GREENWICH, CT. 06831
23	28
Zip / Country	Zip / Country: US
24 / 25	29 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HAHN, JEFFREY CPA
1515 NORTH FEDERAL HWY
SUITE 300
BOCA RATON FL 33432

JOSEPH G. PACELLI, JR
1000 E. CAMINO REAL
BOCA RATON, FL. 33432

10. Name and Address of New Registered Agent

81 Name: JOSEPH G. PACELLI, JR

82 Street Address (P.O. Box number is Not Acceptable): 188 BEDFORD RD - 1000 E. CAMINO REAL

83: BOCA RATON, FL 33432

84 City: GREENWICH, CT FL 85 Zip Code: 06831

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: [signature] 4-20-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCGONIGLE, LAWRENCE		1.2 NAME		
STREET ADDRESS	1000 E CAMINO REAL #2A		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 00000		1.4 CITY-ST-ZIP		
TITLE	VPD STD	☐ ■ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	PACELLI, JOE		2.2 NAME		
STREET ADDRESS	1000 E CAMINO REAL #1A		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 00000		2.4 CITY-ST-ZIP		
TITLE	STD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FEHER, BILLIE A		3.2 NAME		
STREET ADDRESS	1000 E. CAMINO REAL #1B		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	4.1 TITLE		☐ Change ☒ Addition
NAME	DIANE PACELLI		4.2 NAME		
STREET ADDRESS	1000 E CAMINO REAL #1A		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL.		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4 20 98 903 622 7215
SIGNATURE & NOTATION OF TITLE OF PERSON OFFICER OR DIRECTOR Date Daytime Phone #