

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 750737 (9)
1. Corporation Name
VIA LAGO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address

G.R.S. MANAGEMENT ASSOCIATES, INC.
3900 WOODBRIDGE BLVD., SUITE 201
LAKE WORTH, FL 33463

G.R.S. MANAGEMENT ASSOCIATES, INC.
3900 WOODBRIDGE BLVD., SUITE 201
LAKE WORTH, FL 33463

3. Date Incorporated or Qualified **1/24/1980** 3a. Date of Last Report **4/6/95**
4. FEI Number **59-2159888** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent

PATTI H. LADWIG
1645 PALM BEACH LAKES BLVD,
SUITE 640
WEST PALM BEACH, FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **TSD**
STREET ADDRESS **FONTAINE, JOHN**
CITY-ST-ZIP **16 VIA LAGO**
BOYNTON BEACH, FL 33435
TITLE ☐ DELETE
NAME **WHP**
STREET ADDRESS **HARPER, ROBERT**
CITY-ST-ZIP **28 VIA LAGO**
BOYNTON BEACH, FL
TITLE ☐ DELETE
NAME **DVO**
STREET ADDRESS **KINGSLAND, CHARLES**
CITY-ST-ZIP **17 VIA LAGO**
BOYNTON BEACH, FL 33435
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE ☒ Change ☐ Addition
22 NAME **PD**
23 STREET ADDRESS
24 CITY-ST-ZIP **33435**
31 TITLE ☒ Change ☐ Addition
32 NAME **VD**
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE **900001805988** ☐ Change ☐ Addition
52 NAME **-05/03/96--01004--034**
53 STREET ADDRESS *****61.25**
54 CITY-ST-ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)