

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **750737** (9)
1. Corporation Name
VIA LAGO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business C/O GRS MANAGEMENT ASSOCIATES, INC 3900 WOODLAKE BLVD., SUITE 201 LAKE WORTH FL 33463 US	Mailing Address C/O GRS MANAGEMENT ASSOCIATES, INC 3900 WOODLAKE BLVD., SUITE 201 LAKE WORTH FL 33463 US
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3. Date Incorporated or Qualified
01/24/1980

4. FEI Number
59-2159888

Applied For
☐ Not Applicable

21. Principal Place of Business Via Lago Condominium Assoc.	2a. Mailing Address Via Lago Condominium Assoc.
22. Suite, Apt. #, etc. 20 Via Lago	27. Suite, Apt. #, etc. P.O. Box 639
23. City & State Boynton Beach, FL	28. City & State Delray Beach, FL
24. Zip 33435	29. Zip 33447-0639
25. Country USA	26. Country USA

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
**HEIDLER LADWIG, PATTI
1845 PALM BEACH LAKES BLVD.
SUITE 640
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81. Name
Sergio's Property Mgmt., Inc.

82. Street Address (P.O. Box Number is Not Acceptable)
50 S.E. 4th Ave.

83. City
Delray Beach

84. State
FL

85. Zip Code
33403

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 **John A. Sergio, President - Sergio's Property Management, Inc.** DATE **4/23/98**

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FONTAINE, JOHN	
STREET ADDRESS	18 VIA LAGO	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARPER, ROBERT	
STREET ADDRESS	28 VIA LAGO	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KINGSLAND, CHARLES	
STREET ADDRESS	17 VIA LAGO	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	EDWARDS, WILLIAM	
STREET ADDRESS	5 VIA LAGO	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert Taylor	
1.3 STREET ADDRESS	4 Via Lago	
1.4 CITY-ST-ZIP	Boynton Beach, FL 33435	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 **William Edwards** DATE **4/17/98** **501-1041-8554**

CR2E037 (10/97)