

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 # 751658 (6)

1. Corporation Name

VISTA DEL LAGO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business	Mailing Address
C/O ASSOC. PROPERTY MANAGEMENT 400 S. DIXIE HWY. #10 LAKE WORTH FL 33460 US	C/O ASSOC. PROPERTY MANAGEMENT 400 S. DIXIE HWY #10 LAKE WORTH FL 33460 US

3. Date Incorporated or Qualified 03/21/1980	3a. Date of Last Report 04/07/1995
4. FEI Number 59-2047713	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

ASSOCIATED PROPERTY MANAGEMENT
400 SOUTH DIXIE HWY #10
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

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

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	DS	<input type="checkbox"/> DELETE
NAME	HOFFRICHTER, MERLE	
STREET ADDRESS	1800 EMBASSY DR, UNIT111	
CITY-ST-ZIP	W PALM BCH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAUSER, PAUL	
STREET ADDRESS	1800 EMBASSY DR. #121	
CITY-ST-ZIP	W PALM BCH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CZAJKOWSKI, PETER	
STREET ADDRESS	1800 EMBASSY DR. #107	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	SDV	<input type="checkbox"/> DELETE
NAME	COYNER, LAURA	
STREET ADDRESS	1800 EMBASSY DR. #108	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PALUMBO, LARRY	
STREET ADDRESS	1800 EMBASSY DR	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	WOOD, MICHAEL	
STREET ADDRESS	1800 SEMBASSY DR #126	
CITY-ST-ZIP	WEST PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	TD
53 STREET ADDRESS	Weiner, NANCY
54 CITY-ST-ZIP	1800 Embassy Drive, # 116 WFB, FL
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:

Michael Wood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR, PRESIDENT, 3/24/96

Date

Daytime Phone #

CR2E037 (12/95)