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Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: C/O ASSOC. PROPERTY MANAGEMENT, 400 S. DIXIE HWY. #10, LAKE WORTH FL 33460, US

Mailing Address: C/O ASSOC. PROPERTY MANAGEMENT, 400 S. DIXIE HWY #10, LAKE WORTH FL 33460-4455, US

3. Date Incorporated or Qualified: 03/21/1980
3a. Date of Last Report: 04/05/1996

4. FEI Number: 59-2047713
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 (21) Suite, Apt. #, etc (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc (27) City & State (28) Zip (29) Country (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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	HOFFRICHTER, MERLE	
STREET ADDRESS	1800 EMBASSY DR, UNIT111	
CITY-ST-ZIP	W PALM BCH, FL 00000	
TITLE	D	DELETE
NAME	HAUSER, PAUL	
STREET ADDRESS	1800 EMBASSY DR. #121	
CITY-ST-ZIP	W PALM BCH, FL 00000	
TITLE	D	DELETE
NAME	CZAJKOWSKI, PETER	
STREET ADDRESS	1800 EMBASSY DR. #107	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	D	DELETE
NAME	COYNER, LAURA	
STREET ADDRESS	1800 EMBASSY DR. #108	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	D	DELETE
NAME	PALUMBO, LARRY	
STREET ADDRESS	1800 EMBASSY DR	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	DP	DELETE
NAME	WOOD, MICHEAL	
STREET ADDRESS	1800 SEMBASSY DR #128	
CITY-ST-ZIP	WEST PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		Change	Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	D	Change	Addition
5.2 NAME	Rutter, Royce		
5.3 STREET ADDRESS	1800 Embassy Drive, #130		
5.4 CITY-ST-ZIP	WPPB, FL		
6.1 TITLE	D	Change	Addition
6.2 NAME	Weiner, Marc		
6.3 STREET ADDRESS	1800 Embassy Drive, #116		
6.4 CITY-ST-ZIP	WPPB, FL		

14. I do 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 its 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: _____ DATE: 3-25-97 (561) 683-8810

CR2E037 (9/96)