

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/1

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90057 024 \*\*\*\*61.25

**DOCUMENT # 751658**

1. Entity Name

VISTA DEL LAGO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address  
 Richard Gerrish  
~~SSS-MANAGEMENT~~ CMC Management, Inc.  
~~510 08TH ST~~ WEST PALM BEACH FL 33407  
 US  
 2994 Jog Rd. Suite B Greenacres, FL 33467  
~~510 08TH ST~~ WEST PALM BEACH FL 33407  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2047713		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
Richard Gerrish				Name			
<del>SSS-MANAGEMENT</del> CMC Management, Inc. <del>510 08TH ST</del> 2994 Jog Rd. Suite B <del>WEST PALM BEACH FL 33407</del> Greenacres, FL 33467				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL		Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: *[Signature]* DATE: 4/17/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOOD, MICHAEL			NAME	Angela Gage		
STREET ADDRESS	1800 EMBASSY DRIVE, #126			STREET ADDRESS	1800 Embassy Drive #102		
CITY-ST-ZIP	WPB FL			CITY-ST-ZIP	WPB, FL		
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COYNER, LAURA			NAME	Merle Hoffrichter		
STREET ADDRESS	1800 EMBASSY DRIVE, #108			STREET ADDRESS	1800 Embassy Drive #131		
CITY-ST-ZIP	WPB FL			CITY-ST-ZIP	WPB, FL		
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	Sec/Treas	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CZAJKOWSKI, PETER			NAME	Paul Hauser		
STREET ADDRESS	1800 EMBASSY DRIVE, #107			STREET ADDRESS	1800 Embassy Drive #121		
CITY-ST-ZIP	WPB FL			CITY-ST-ZIP	WPB, FL		
TITLE	DS	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WINER, MARC			NAME	Marc Winer		
STREET ADDRESS	1800 EMBASSY DRIVE, #116			STREET ADDRESS	1800 Embassy Drive #116		
CITY-ST-ZIP	WPB FL			CITY-ST-ZIP	WPB, FL		
TITLE	DV	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOFFRICHTER, MERLE			NAME	Cynthia Simpson		
STREET ADDRESS	1800 EMBASSY DRIVE, #131			STREET ADDRESS	1800 Embassy Drive #118		
CITY-ST-ZIP	WPB FL			CITY-ST-ZIP	WPB, FL		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUTTER, ROYCE			NAME			
STREET ADDRESS	1800 EMBASSY DRIVE, #130			STREET ADDRESS			
CITY-ST-ZIP	WPB FL			CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 3/21/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)