

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010126

FILED  
Feb 25, 2011  
Secretary of State

**Entity Name:** VIA LAGO AT HANGING MOSS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1936 LEE ROAD  
SUITE 250  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

1936 LEE ROAD  
SUITE 250  
WINTER PARK, FL 32789

**New Mailing Address:**

FEI Number: 26-1358167

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GREYSTONE MANAGEMENT COMPANY, INC.  
1936 LEE ROAD  
SUITE 250  
WINTR PARK, FL 32789 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LEFTAKIS, CHRIS  
Address: 2564 PASSAMONTE DRIVE  
City-St-Zip: WINTER PARK, FL 32792

Title: VP  
Name: MCGOWIN, VALERIE  
Address: 2560 PASSAMONTE DRIVE  
City-St-Zip: WINTER PARK, FL 32792

Title: SEC  
Name: MCDONALD, HOLLY  
Address: 2591 PASSAMONTE DRIVE  
City-St-Zip: WINTER PARK, FL 32792

Title: TS  
Name: HALL, JONATHAN  
Address: 2604 PASSAMONTE DRIVE  
City-St-Zip: WINTER PARK, FL 32792

Title: D  
Name: SELLAS-ACOSTA, SABRINA  
Address: 2479 PASSAMONTE DRIVE  
City-St-Zip: WINTER PARK, FL 32792

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHRIS LEFTAKIS

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02/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date