2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005993



02-14-2003 90212 004 ****61.25 1. Entity Name VISTA DEL LAGO I CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 10000001 9917 WEST OKEECHOBEE ROAD 9917 WEST OKEECHOBEE ROAD HIALEAN GARDENS SE \$30167 AM CABBENS EL SOTE ? 3. Mailing Address 900 W. ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 65-0855922 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired U.SA. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HIANKAHI GARDENS FL 33016 8. The above named entity submits this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered ager SIGNATURE (NOTE: Registered Agent signature required when reinstating) distered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be ه د FILE NOW: FEE IS \$61.25 Florida Department of State Trust Fund Contribution. Added to Fees 3 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. P. NAWER SANDRA TITLE Delete TITLE 900 W.49 BT. #220 NADER, SANDRA NAME NAME 9917 W OKEECHOBEE ROAD. #404 STREET ADDRESS STREET ADDRESS HIALEAH FL.33012 CITY-ST-ZIP HIALEAH GARDENS FL 33016 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE EASEN FRANK 900 W. 498T # EAGEN, FRANK 1952W 60 STREET NAME NAME STREET ADDRESS STREET ADDRESS HIALEAH GARDENS FL 3301 CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GADENS FL 3016 CITY-ST-ZIP 5D GODZALEZ, CAROLINA. 9000.49 St. # 220 Addition TITLE □ Delete TITLE GONZÁLEZ CARÓLINA NAME NAME STREET ADDRESS 9911 WOKEERHOBEE RU STREET ADDRESS HIALEAH, FL. 33012 CITY-ST-ZIP HALEAH GADENS FL 33018 CITY-ST-7IP ☐ Addition BATISTA, DENNIS 900 W.49 ST. #220 ☐ Delete TITLE TITLE BATISTA- DENNIS NAME NAME 99 Y W OKEECHOBEE AQ. ##410 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP hialeah gaiqeniś FL 33016 CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

FILED

Feb 14, 2003 8:00 am

Secretary of State

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

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