

FILE NOW: FILING FEE IS \$61.25

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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
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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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 <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	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFRICHTER, MERLE	1.2 NAME	
STREET ADDRESS	1800 EMBASSY DR, UNIT111	1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D5 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUSER, PAUL	2.2 NAME	
STREET ADDRESS	1800 EMBASSY DR. #121	2.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D7 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CZAJKOWSKI, PETER	3.2 NAME	
STREET ADDRESS	1800 EMBASSY DR. #107	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	3.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COYNER, LAURA	4.2 NAME	
STREET ADDRESS	1800 EMBASSY DR. #108	4.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALUMBO, LARRY	5.2 NAME	Rutter, Royce
STREET ADDRESS	1800 EMBASSY DR	5.3 STREET ADDRESS	1800 Embassy Drive, #130
CITY-ST-ZIP	W. PALM BEACH FL	5.4 CITY-ST-ZIP	WPB, FL
TITLE	DP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOOD, MICHAEL	6.2 NAME	Weiner, Marc
STREET ADDRESS	1800 EMBASSY DR #126	6.3 STREET ADDRESS	1800 Embassy Drive, #116
CITY-ST-ZIP	WEST PALM BEACH FL	6.4 CITY-ST-ZIP	WPB, 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 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: _____ **3-15-97 (561) 683-8810**
Signature and typed or printed name of signing officer or director Date Telephone # 0039109

CR2E037 (9/96)