

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90176 034 ****61.25

DOCUMENT # 751658

1. Corporation Name

VISTA DEL LAGO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

SSS Management
510 38th St.
West Palm Beach, FL 33407

SSS Management
510 38th St.
West Palm Beach, FL 33407



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/21/1980

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2047713

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing ☐
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SSS Management
510 38th St.
West Palm Beach, FL 33407

81 Name

82 Str

SSS Management

510 38th St.

83

West Palm Beach, FL 33407

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

March 18, 1999

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **D WOOD, MICHAEL**
STREET ADDRESS **1800 EMBASSY DRIVE, #126**
CITY-ST-ZIP **WPB FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **PD COYNER, LAURA**
STREET ADDRESS **1800 EMBASSY DRIVE, #108**
CITY-ST-ZIP **WPB FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **TD CZAJKOWSKI, PETER**
STREET ADDRESS **1800 EMBASSY DRIVE, #107**
CITY-ST-ZIP **WPB FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **DS WINER, MARC**
STREET ADDRESS **1800 EMBASSY DRIVE, #116**
CITY-ST-ZIP **WPB FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **DV HOFFRICHTER, MERLE**
STREET ADDRESS **1800 EMBASSY DRIVE, #131**
CITY-ST-ZIP **WPB FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **D RUTTER, ROYCE**
STREET ADDRESS **1800 EMBASSY DRIVE, #130**
CITY-ST-ZIP **WPB FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 18, 1999

CR2E037 (11/98)

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