

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90036 031 \*\*\*\*61.25

**DOCUMENT # 751658**

1. Entity Name  
**VISTA DEL LAGO CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**GLEN D. SMITH & CO.  
2 SHANNON CIRCLE  
WEST PALM BEACH, FL 33401 US**

Mailing Address  
**P.O. BOX 708  
PALM BEACH, FL 33480 US**

**54006670**



01092004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2047713**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SMITH, GLENN D  
2 SHANNON CIRCLE  
WEST PALM BEACH, FL 33401**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

1000 PD  
0600 WINER, MARC  
11100 1800 EMBASSY DR #116  
YK001 WEST PALM BEACH, FL 33401

1000 D  
0600 BYLER, DAVID  
11100 1800 EMBASSY DR #112  
YK001 WEST PALM BEACH, FL 33401

1000 T  
0600 HAWTHORNE, BRUCE  
11100 1800 EMBASSY DR #112  
YK001 WEST PALM BEACH, FL 33401

1000 D  
0600 BELCH, DENNIS  
11100 1800 EMBRY DR #115  
YK001 WEST PALM BEACH, FL 33401

1000  
0600  
11100  
YK001

1000  
0600  
11100  
YK001

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #