AMENDED NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

08-27-2004 90005 027 *****61.25 751658

FILED

DOCUMENT#751658 04 SEP -2 AM 9: 57 1. Entity Name vista Del lago condominium association, Inc SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 54070473 2. Principal Place of Business CMC MANAGEMENT DO NOT WRITE IN THIS SPACE Suite B 4. FEI Number 59 - 20-Applied For Not Applicable \$8.75 Additional ŭs A Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE VITE for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE \$5.00 May Be Make Check Payable to FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Department of State Initial or Amended UBR OFFICERS AND DIRECTORS 10. TITLE TITLE MACALUSO, CARL 1800 Embassy Drive # 123 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP West Palm Beach, FL. 38401 CITY+ST-71P O/D CAUGHLIN, DERNNA 1800 Embassy Dave, #109 West Palm Beach, FL. 33401 TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP *-TITLE TITLE HOFFRICHTER, MERLE 1800 Embassy'DRWE #131 WOST Palm BOALH, FL. 33401 NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZP IIILE IN THIS SPACE neasheles, Peter. 800 Endassy Daire #135 Vest Halm Beach, F4. 33 NALUF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE

 I hereby certify that the information indicated on this report or supple of the corporation or the receiver g does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director ver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an addre

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME

ROWNE, JOHN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR ORRECTOR

S 6/- 30J-0676

ATTACHMENT. NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 751658 Vista Del Lago Condominium Association Tuc DO NOT WRITE IN THIS SPACE 4020473 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI-Number Applied For City & State Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Name DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and ittle if applicable (NOTE: Registered Adent signature required when reinstating) DATE Make Check Payable to FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be initial or Amended UBR Trust Fund Contribution. Added to Fees Department of State 10, OFFICERS AND DIRECTORS TITLE TITLE SHOLE IRA 1860 Embassy Drive # NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP --TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-77P TETLE TITLE NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

561-309-0676

12. I hereby certify that the information supplied with this filling does not quality 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 on an attachment with an address, with all other fixe empowered.

IG OFFICER OR DIRECTOR

CITY-ST-ZIP

SIGNATURE: