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Secretary of State
04-10-2003 90115 024 ****70.00

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

DOCUMENT # 751658

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

Principal Place of Business	Mailing Address
SSS MANAGEMENT 2994 JOG ROAD SUITE B GREENACRES, FL 33467 US	SSS MANAGEMENT 2994 JOG ROAD SUITE B GREENACRES, FL 33467 US

DOC# 750658

CK. NO. 2144

DATE 4-1

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Glenn D Smith & Co	P.O. Box 708
Suite, Apt. #, etc.: 2 Shannon Cir	Suite, Apt. #, etc.
City & State: West Palm Beach	City & State: Palm Beach FL
Zip: 33401 Country: USA	Zip: 33480 Country: USA

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	7. Name and Address of New Registered Agent
SSS MANAGEMENT SSS MANAGEMENT 2994 JOG ROAD SUITE B GREENACRES, FL 33467	Name: Glenn D Smith Street Address (P.O. Box Number is Not Acceptable): 2 Shannon Circle City: West Palm Beach FL Zip Code: 33401

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: Glenn D. Smith Glenn D Smith 3-13-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BROWNE, ELAINE 1800 EMBASSY DR #112 WEST PALM BEACH, FL 33401	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WINER, MARC 1800 EMBASSY DR #112 WEST PALM BEACH, FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Resigned~~ ☒ Change ☐ Addition Marc Winer 1800 Embassy Dr 116 WPB 33401
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BYLER, DAVID 1800 EMBASSY DR #112 WEST PALM BEACH, FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☒ Change ☐ Addition David Byler 1800 Embassy Dr 133 WPB 33401
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HAWTHORNE, K-BRUCE 1800 EMBASSY DR #112 WEST PALM BEACH, FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ☒ Change ☐ Addition Bruce Hawthorne 1800 Embassy Dr 121 WPB 33401
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOFFRICHTER, MERLE 1800 EMBASSY DR #112 WEST PALM BEACH, FL 33401	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Change ☒ Addition Dennis Beach 1800 Embassy Dr 115 WPB 33401
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAUSER, PAUL 1800 EMBASSY DR #112 WEST PALM BEACH, FL 33401	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: Marc Winer 3-20-03 561 227-1348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #