## 2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N06000004777

Entity Name: VIVANTE AT PUNTA GORDA CONDOMINIUM ASSOCIATION,

INC

**Current Principal Place of Business:** 

92 VIVANTE BLVD.

PUNTA GORDA, FL 33950

**Current Mailing Address:** 

PO BOX 494437

PORT CHARLOTTE, FL 33949 US

FEI Number: 20-4901207 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PALMER PROPERTY MANAGEMENT 4456 TAMIAMI TR. #A5 PORT CHARLOTTE, FL 33980 US

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: DAVID PALMER 04/30/2015

Electronic Signature of Registered Agent

Date

FILED Apr 30, 2015

Secretary of State CC6798860078

Officer/Director Detail:

Title PRESIDENT Title VP

Name NELSON, STEVE Name MASSENGILL, DENNIS

Address PO BOX 494437 Address PO BOX 494437

City-State-Zip: PORT CHARLOTTE FL 33949 City-State-Zip: PORT CHARLOTTE FL 33949

TitleSECRETARY, TREASURERTitleDIRECTORNamePLETZKE, DANNameDILISIO, DAVIDAddressPO BOX 494437AddressPO BOX 494437

City-State-Zip: PORT CHARLOTTE FL 33949 City-State-Zip: PORT CHARLOTTE FL 33949

Title DIRECTOR Title DIRECTOR

Name GIUMENTO, DIANE Name CERMELI, ROBERT

Address PO BOX 494437 Address PO BOX 494437

City-State-Zip: PORT CHARLOTTE FL 33949 City-State-Zip: PORT CHARLOTTE FL 33949

Title DIRECTOR

Name ORR, DONALD

Address PO BOX 494437

City-State-Zip: PORT CHARLOTTE FL 33949

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEVE NELSON PRESIDENT 04/30/2015