

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004777

Entity Name: VIVANTE AT PUNTA GORDA CONDOMINIUM ASSOCIATION, INC.**FILED**
Mar 28, 2024
Secretary of State
1057677994CC**Current Principal Place of Business:**92 VIVANTE BLVD.
PUNTA GORDA, FL 33950**Current Mailing Address:**92 VIVANTE BLVD.
PUNTA GORDA, FL 33950 US**FEI Number: 20-4901207****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KWPMC
92 VIVANTE BLVD.
PUNTA GORDA, FL 33950 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT, DIRECTOR
Name	OSBORNE, GRAHAM
Address	92 VIVANTE BLVD.
City-State-Zip:	PUNTA GORDA FL 33950

Title	DIRECTOR
Name	COSTALAS, STEPHEN
Address	92 VIVANTE BLVD.
City-State-Zip:	PUNTA GORDA FL 33950

Title	SECRETARY, TREASURER, DIRECTOR
Name	GRADY, PATRICK
Address	92 VIVANTE BLVD.
City-State-Zip:	PUNTA GORDA FL 33950

Title	DIRECTOR
Name	BAUMLER, RICK
Address	92 VIVANTE BLVD.
City-State-Zip:	PUNTA GORDA FL 33950

Title	VP, DIRECTOR
Name	THOMAS, RICK
Address	92 VIVANTE BLVD.
City-State-Zip:	PUNTA GORDA FL 33950

Title	DIRECTOR
Name	DICK, WILLIAM
Address	92 VIVANTE BLVD.
City-State-Zip:	PUNTA GORDA FL 33950

Title	DIRECTOR
Name	HOFBAUER, THOMAS
Address	92 VIVANTE BLVD.
City-State-Zip:	PUNTA GORDA FL 33950

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: GRAHAM OSBORNE**PRESIDENT****03/28/2024**

Electronic Signature of Signing Officer/Director Detail

Date