


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90255 041 ****61.25

DOCUMENT # 711074 1. Entity Name VAN-SCOTT CONDOMINIUM, INC.					
Principal Place of Business 302 N L ST LAKE WORTH FL, 33460 US			Mailing Address P.O. BOX 290 LAKE WORTH, FL 33460 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1982403	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ORLANDI, MARIA 302 NO L ST #6 LAKE WORTH, FL 33460			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNELL, LINDA		NAME		
STREET ADDRESS	302 NORTH L STREET #1		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORLANDI, MARIA		NAME		
STREET ADDRESS	302 NO L ST. #6		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33460		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUARDADO, DANIA		NAME		
STREET ADDRESS	302 NORTH L STE 4		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33460		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORENO, OSCAR		NAME		
STREET ADDRESS	302 NO L ST. #2		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33460		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Maria Orlandi, Sec.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <i>4-18-05</i> Daytime Phone #: <i>561-988-2066</i>	
MARIA ORLANDI					

50041810



04132005 Chg-NP CR2E037 (10/03)

Applied For

Not Applicable

FL

Zip Code