

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90017 014 ****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



03222007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1982403

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ORLANDI, MARIA
302 NO L ST
#6
LAKE WORTH, FL 33460

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PD
O'CONNELL, LINDA
302 NORTH L STREET #1
LAKE WORTH, FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
SD
ORLANDI, MARIA
302 NO L ST. #6
LAKE WORTH, FL 33460

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VD
GUARDADO, DANIA
302 NORTH L STE 4
LAKE WORTH, FL 33460

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
MORENO, OSCAR
302 NO L ST. #2
LAKE WORTH, FL 33460

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Linda O'Connell, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA O'CONNELL

3-27-07

Date

561-
309-1024

Daytime Phone #