

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90018 038 ****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 - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-1982403 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ORLANDI, MARIA 302 NO L ST #6 LAKE WORTH, FL 33460 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | PD O'CONNELL, LINDA 302 NORTH L STREET #1 LAKE WORTH, FL | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ORLANDI, MARIA 302 NO L ST. #6 LAKE WORTH, FL 33460 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD GUARDADO, DANIA 302 NORTH L STE 4 LAKE WORTH, FL 33460 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MORENO, OSCAR 302 NO L ST. #2 LAKE WORTH, FL 33460 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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: <i>Linda O'Connell, Pres.</i> 4-14-08 561-309-1024 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |
| LINDA O'CONNELL | | | | | |

60023963



04092008 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**Filing Fee is \$61.25
Due by May 1, 2008**

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 | PD | <input type="checkbox"/> Delete |
| NAME | O'CONNELL, LINDA | |
| STREET ADDRESS | 302 NORTH L STREET #1 | |
| CITY-ST-ZIP | LAKE WORTH, FL | |

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | ORLANDI, MARIA | |
| STREET ADDRESS | 302 NO L ST. #6 | |
| CITY-ST-ZIP | LAKE WORTH, FL 33460 | |

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | GUARDADO, DANIA | |
| STREET ADDRESS | 302 NORTH L STE 4 | |
| CITY-ST-ZIP | LAKE WORTH, FL 33460 | |

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MORENO, OSCAR | |
| STREET ADDRESS | 302 NO L ST. #2 | |
| CITY-ST-ZIP | LAKE WORTH, FL 33460 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
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| NAME | | |
| STREET ADDRESS | | |
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SIGNATURE: *Linda O'Connell, Pres.* 4-14-08 561-309-1024

LINDA O'CONNELL