2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 712022

1. Entity Name
THE VIVIENNE CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
9452 CROSS CREEK DR. BOYNTON BEACH, FL 33436	9452 CROSS CREEK DR. BOYNTON BEACH, FL 33436

DO NOT WRITE IN THIS SPACE

01062005 No Chg-NP   CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

WARREN, LISA RING
9452 CROSS CREEK DR.
BOYNTON BEACH, FL 33436

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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 _Lisa R Warren/ LISA R WARREN/ SEC/TREASURER_ _1/6/05_
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, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	DV
NAME	LARUE, M.S.
STREET ADDRESS	120 SE 1ST STREET , #3
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	DP
NAME	WARREN, TIMOTHY A
STREET ADDRESS	9452 CROSS CREEK DR.
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	DST
NAME	WARREN, LISA RING
STREET ADDRESS	9452 CROSS CREEK DR.
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Lisa R Warren_ _1/6/05_ _501-375-9998_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #