

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726727 (1)

1. Corporation Name

LA AVENIDA DEL LAGO CONDOMINIUM ASSOCIATION, INC



Principal Place of Business

1860 FOREST HILL BLVD
STE 105
W PALM BCH FL 33406
US

Mailing Address

1860 FOREST HILL BLVD
STE 105
W PALM BCH. FL 33406
US

3. Date Incorporated or Qualified

06/12/1973

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

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4. FEI Number

59-1670543

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRANTHAM, KIRK
1860 FOREST HILL BLVD
STE. 105
W. PALM BCH. FL 33406

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
STREET ADDRESS GRANTHAM, KIRK
CITY - ST - ZIP 1860 FOREST HILL BLVD., STE. 105
LAKE WORTH, FL 00000

TITLE ☐ DELETE

NAME DT
STREET ADDRESS SNEARER, CHARLES
CITY - ST - ZIP 802 N GOLFVIEW RD
LAKE WORTH FL

TITLE ☐ DELETE

NAME VPD
STREET ADDRESS TAFT, JAMES
CITY - ST - ZIP RR 3 BOX 2771
MORRISVILLE VT

TITLE ☐ DELETE

NAME DS
STREET ADDRESS IRELAND, JAMES
CITY - ST - ZIP 820 WOODLAND AVE
HAVERHILL FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES W. SNEARER

Date

Daytime Phone

4/14/96 (407) 586-6617

CR2E037 (12/95)