

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90013 025 \*\*\*\*61.25

**DOCUMENT # 726727**

1. Entity Name

**LA AVENIDA DEL LAGO CONDOMINIUM ASSOCIATION, INC**

Principal Place of Business

Mailing Address

1860 FOREST HILL BLVD.  
 STE 105  
 WPB FL 33406  
 US

1860 FOREST HILL BLVD.  
 STE 105  
 WPB FL 33406-6086  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1670543**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**GRANTHAM, KIRK**  
~~211 LAKE AVE~~ Suite 105, 1860 Forest Hill Blvd  
~~LAKE WORTH FL 33460~~ West Palm Beach, FL 33406

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**SEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PTD	GRANTHAM, KIRK	1860 FOREST HILL BLVD., STE. 105	LAKE WORTH FL 33460				
VPSD	WYNN, BEVERLY	211 LAKE AVENUE #2	LAKE WORTH FL 33460				
D	TAFT, MRS. LINDA	3570 S. OCEAN BLVD	SOUTH PALM BEACH FL 33480				
D	TAFT, MR. JOHN	3590 S OCEAN BLVD	SOUTH PALM BEACH FL 33480				
D	IRELAND, SUE	6345 SHINNECOCK LANE	LAKE WORTH FL 33463				

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:

**SIGNATURE REQUIRED**

4/18/2000

CR2E037 (9/99)