

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90520 013 ****61.25

0049674

DOCUMENT # 726727

1. Entity Name

LA AVENIDA DEL LAGO CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

**1860 FOREST HILL BLVD.
STE 105
WPB FL 33406
US**

Mailing Address

**1860 FOREST HILL BLVD.
STE 105
WPB FL 33406
US**

C0024488



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1670543

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRANTHAM, KIRK
1860 FOREST HILL BLVD
SUITE 105
WEST PALM BEACH FL 33406**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
GRANTHAM, KIRK
1860 FOREST HILL BLVD., STE. 105
LAKE WORTH FL 33460** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPSD
WYNN, BEVERLY
211 LAKE AVENUE #2
LAKE WORTH FL 33460** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TAFT, MRS. LINDA
3570 S. OCEAN BLVD
SOUTH PALM BEACH FL 33480** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TAFT, MR. JOHN
3590 S OCEAN BLVD
SOUTH PALM BEACH FL 33480** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
IRELAND, SUE
6345 SHINNECOCK LANE
LAKE WORTH FL 33463** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/01 561-966 6211

CR2E037 (10/00)