FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -8 PM 12:19

DOCUMENT # **741439** **(4)**

1. Corporation Name

VIVIENDA WEST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
699 VIVIENDA WEST BOULEVARD VENICE FL 34293	699 VIVIENDA WEST BOULEVARD VENICE FL 34293

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/24/1978**
3a. Date of Last Report: **03/17/1994**
4. FEI Number: **59-1852536** — 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

9. Name and Address of Current Registered Agent

~~O'REAR, EMMETT~~
~~745 VIVIENDA W. BLVD.~~
~~VENICE FL 34293.~~

10. Name and Address of New Registered Agent

81 Name: Charles Galey
82 Street Address (P.O. Box Number is Not Acceptable): 763 Vivienda South Ct.
83: Venice
84 City: Venice — 85 Zip Code: FL 34293

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Charles J. Galey — 5/24/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☐ Change ☐ Addition
NAME	~~O'REAR, EMMETT~~	12 NAME	Galey, Charles
STREET ADDRESS	~~745 VIVIENDA W. BLVD.~~	13 STREET ADDRESS	763 Vivienda South CT.
CITY-ST-ZIP	~~VENICE FL~~	14 CITY-ST-ZIP	Venice, Fl
TITLE	S	21 TITLE	S ☐ Change ☐ Addition
NAME	~~KRAMER, ELIZABETH~~	22 NAME	Reil, Phyllis
STREET ADDRESS	~~728 VIVIENDA W. BLVD.~~	23 STREET ADDRESS	727 Vivienda, West Blvd.
CITY-ST-ZIP	VENICE FL	24 CITY-ST-ZIP	Venice, Fl
TITLE	VPD	31 TITLE	VPD ☐ Change ☐ Addition
NAME	~~GALEY, CHARLES~~	32 NAME	Bechtel, Ruth
STREET ADDRESS	~~763 VIVIENDA SOUTH COURT~~	33 STREET ADDRESS	743 Vivienda West Blvd.
CITY-ST-ZIP	VENICE, FL 00000	34 CITY-ST-ZIP	Venice, Fl
TITLE	T	41 TITLE	T ☐ Change ☐ Addition
NAME	~~BREWER, CHARLENE~~	42 NAME	Desmond, Jean
STREET ADDRESS	~~701 VIVIENDA W. BLVD.~~	43 STREET ADDRESS	753 Vivienda North Ct.
CITY-ST-ZIP	VENICE FL	44 CITY-ST-ZIP	Venice, Fl.
TITLE	VPD	51 TITLE	☐ Change ☐ Addition
NAME	MACLARY, J. D	52 NAME	
STREET ADDRESS	757 VIVIENDA NORTH COURT	53 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(i), 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: Charles J. Galey — 5/24/95 — 813-497-5120
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

0044470