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 # **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

3. Date Incorporated or Qualified: 01/24/1978
3a. Date of Last Report: 06/01/1995

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

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

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

9. Name and Address of Current Registered Agent

GALEY, CHARLES
763 CICIENDA S CT
VENICE FL 34293

10. Name and Address of New Registered Agent

81 Name: Jean S Desmond
82 Street Address (P.O. Box Number is Not Acceptable): 753 Vivienda No. Ct.
83
84 City: Venice FL 85 Zip Code: 34293

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: Jean S Desmond — 3/15/96
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	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	GALEY, CHARLES		1.2 NAME	YVONNE MARCZAK	
STREET ADDRESS	763 VIVIENDA S CT		1.3 STREET ADDRESS	747 VIVIENDA NORTH CT	
CITY-ST-ZIP	VENICE FL		1.4 CITY-ST-ZIP	VENICE, FL	
TITLE	S	☒ DELETE	2.1 TITLE	S	☒ Change ☐ Addition
NAME	REIL, PHYLLIS		2.2 NAME	DOLORES JONES	
STREET ADDRESS	727 VIVIENDA WEST BLVD		2.3 STREET ADDRESS	747 VIVIENDA WEST BLVD	
CITY-ST-ZIP	VENICE FL		2.4 CITY-ST-ZIP	VENICE, FL	
TITLE	VPD	☒ DELETE	3.1 TITLE	VPD	☒ Change ☐ Addition
NAME	BECHTEL, RUTH		3.2 NAME	ALICE SORENSEN	
STREET ADDRESS	743 VIVIENDA WEST BLVD		3.3 STREET ADDRESS	1653 BAL HARBOUR DR	
CITY-ST-ZIP	VENICE, FL 00000		3.4 CITY-ST-ZIP	VENICE, FL	
TITLE	T	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	DESMOND, JEAN		4.2 NAME		
STREET ADDRESS	753 VIVIENDA NOTH CT		4.3 STREET ADDRESS	753 NORTH COURT	
CITY-ST-ZIP	VENICE FL		4.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MACLARY, J. D		5.2 NAME		
STREET ADDRESS	757 VIVIENDA NORTH COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: Jean S Desmond — 3/15/96 — 941-493-9472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #