2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mar 27, 2001 8:00 am DOCUMENT # 741439 **Secretary of State** 1. Entity Name 02-13-2001 90566 026 ****61.25 VIVIENDA WEST CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 699 VIVIENDA WEST BOULEVARD 699 VIVIENDA WEST, BOULEVARD VENICE FL 34293 VENICE FL 34293 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1852536 Not Applicable Country Country \$8.75 Additional Certificate of Status Desired. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) O'GRADY, CYNTHIA 3380 RUSTIE RD **NOKOMIS FL 34275** City 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. (NOTE: Registered Agent signature required when reinstating FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Pavable to Trust Fund Contribution. FEE IS \$61.25 Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. MLE ☐ Delete TILLE ☐ Change WAKEMAN O'REAR, MARY NAME Jo HN NAME 763 South Court STREET ADDRESS 745 VIVIENDA WEST BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34293 LENGICE FL 34293 Delete ☐ Change APP Addition TITLE TITLE MILES CAUDILL, BEECHER NAME NAME BAL HARBOUR STREET ADDRESS 725 VIVIENDA WEST BLVD STREET ADDRESS CITY-ST-7IP CITY-ST-77P VENICE FL VENICE TITLE Detete TITLE **⊿**⊀ddition TREAS_1 ☐ Change ARILYN MILLS CIPYWNYK, HAROLD NAME NAME STREET ADDRESS 721 VIVIENDA WEST BLVD STREET ADDRESS 761 SOUTH COURT. CITY-ST-ZIP VENICE FL 34293 CITY - ST - 71P ENICE _F4_34293 SEC D'REAR TITLE Delete Addition NAME NAME 45 VIVIENDA W. BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete : TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

FILED

Davrime Phone #