2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 25, 2002 8:00 am Secretary of State **DOCUMENT # 741439** VIVIENDA WEST CONDOMINIUM ASSOCIATION, INC. 02-25-2002 90122 025 ****61.25 Principal Place of Business Mailing Address 699 VIVIENDA WEST BOULEVARD 699 VIVIENDA WEST BOULEVARD VENICE FL 34293 VENICE FL 34293 3. Mailing Address 2. Principal Place of Business 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 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 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) O'GRADY, CYNTHIA 3380 RUSTIE RD NOKOMIS FL 34275 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. re, typed or printed name of registered agent and title if app 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be **FILE NOW: FEE IS \$61.25** Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Addition □ Delete TITLE ☐ Change NAME O'REAR, MARY NAME STREET ADDRESS 745 VIVIENDA WEST BLVD STREET ADDRESS CITY-ST-ZIP VENICE FL 34293 CITY-ST-7IP PD TITLE □ Addition ☐ Delete TITLE Change CIPYWNYK, HAROLD NAME NAME 721 VIVIENDA WEST BLVD STREET ADDRESS STREET ADDRESS CITY-ST-7IP VENICE FL 34293 CITY-ST-7IP VD. ☐ Delete TITLE Change - - - Addition-TITLE WAKEMAN, JOHN NAME NAME 763 S COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE FL 34293 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MILES, JIM 1655 BAL HARBOUR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34293 TD . [] Change ☐ Delete TITLE ☐ Addition MILLS, MARILYN NAME 761 S COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34293 TITLE TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

Teb 11,2002

Daytime Phone #