

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90165 006 ****61.25

DOCUMENT # 741439

1. Entity Name

VIVIENDA WEST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

699 VIVIENDA WEST BOULEVARD
VENICE FL 34293

Mailing Address

699 VIVIENDA WEST BOULEVARD
VENICE FL 34293

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-1852536

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

O'GRADY, CYNTHIA
3380 RUSTIE RD
NOKOMIS FL 34275

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Cynthia O'Grady

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/04

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE STD
NAME GRAFF, MARGARET ☐ Delete
STREET ADDRESS 705 VIVIENDA WEST BLVD.
CITY-ST-ZIP VENICE FL 34293

TITLE PD
NAME CIPYWNYK, HAROLD ☐ Delete
STREET ADDRESS 721 VIVIENDA WEST BLVD
CITY-ST-ZIP VENICE FL 34293

TITLE VD
NAME WAKEMAN, JOHN ☐ Delete
STREET ADDRESS 763 S COURT
CITY-ST-ZIP VENICE FL 34293

TITLE VD
NAME MILES, JIM ☐ Delete
STREET ADDRESS 1655 BAL HARBOUR
CITY-ST-ZIP VENICE FL 34293

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Change ☒ Addition
NAME HARNOIS, AGNES
STREET ADDRESS 775 VIVIENDA SO. CT.
CITY-ST-ZIP VENICE FL 34293

TITLE TD ☒ Change ☐ Addition
NAME GRAFF, MARGARET
STREET ADDRESS 705 VIVIENDA WEST BLVD
CITY-ST-ZIP VENICE FL 34293

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

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

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

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

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:

Margaret J. Graff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04

Date

(941) 497-2337

Daytime Phone #