2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State
01-25-2007 90040 043 ****61.25

DOCUMENT # 741439

1. Entity 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

01082007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. Box 595
City & State	City & State VENICE, FL
Zip / Country	Zip 34284 / Country

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	7. Name and Address of New Registered Agent
O'GRADY, CYNTHIA 3380 RUSTIE RD NOKOMIS, FL 34275	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GRAFF, MARGARET 705 VIVIENDA WEST BLVD. VENICE, FL 34293	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MILES, NANCY 1655 BAL HARBOUR VENICE, FL 34293	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CIPYWNYK, HAROLD 721 VIVIENDA WEST BLVD VENICE, FL 34293	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MILLS, MARILYN 761 VIVIENDA SOUTH CT. VENICE, FL 34293	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WAKEMAN, JOHN 763 S COURT VENICE, FL 34293	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MARCHAK, YVONNE 747 VIVIENDA NORTH CT. VENICE, FL 34293	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MILES, JIM 1655 BAL HARBOUR VENICE, FL 34293	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HARNOIS, AGNES 775 VIVIENDA SO. CT. VENICE, FL 34293	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #