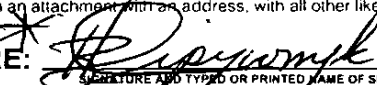


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 699 VIVIENDA WEST BOULEVARD VENICE, FL 34293				Mailing Address 699 VIVIENDA WEST BOULEVARD VENICE, FL 34293	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 410 PAMS			
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	
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 _____ 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 MARZAK, 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 #					