2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2011
Secretary of State

DOCUMENT# 741439

Entity Name: VIVIENDA WEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

699 VIVIENDA WEST BOULEVARD
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

C/O PAMS
P.O. BOX 595
BRADENTON, FL 34282

New Mailing Address:

C/O PAMS
530 US 41 BYPASS S STE 18B
VENICE, FL 34285 US

FEI Number: 59-1852536 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'GRADY, CYNTHIA
3380 RUSTIE RD
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VD
Name: MILES, NANCY
Address: 530 US 41 BYPASS S STE 18-B
City-St-Zip: VENICE, FL 34285 US

Title: PD
Name: STRIFE, WAYNE
Address: 530 US 41 BYPASS S STE 18-B
City-St-Zip: VENICE, FL 34285 US

Title: VD
Name: SCHADE, ROBERT
Address: 530 US 41 BYPASS S STE 18-B
City-St-Zip: VENICE, FL 34285 US

Title: TD
Name: VOLKMAN, CAROL
Address: 530 US 41 BYPASS S STE 18-B
City-St-Zip: VENICE, FL 34285 US

Title: SD
Name: BENTON, JUDY
Address: 530 US 41 BYPASS S STE 18-B
City-St-Zip: VENICE, FL 34293

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WAYNE STRIFE PD 04/06/2011

Electronic Signature of Signing Officer or Director Date