**FILED** 

Jul 28, 2003 8:00 am Secretary of State

07-28-2003 90139 035 \*\*\*\*61.25

☐ Change

Addition

## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (VBR)

DOCUMENT # 741439

1. Entity Name

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VIVIENDA	WEST	<b>CONDOMINIUM</b>	ASSOCIATION.	INC.
AIAIFIARV	11101		MOODOWN HOLD	1110.

			1	EIRE				
Principal Place	ce of Business	Mailing Address						
699 VIVIENDA WEST BOULEVARD VENICE FL 34293		699 VIVIENDA WEST BOULE VENICE FL 34293	EVARD					
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1881 (1814 (1818 (1818 (1818) 1818)) E18	11811 BIBIL 111	ANI ANGAN N <b>a</b>	
2. Principal F	Place of Business	3. Mailing Address	<u> </u>				AIN 1139) (41)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 5	9-1852536	J	pplied For	]
Zip	Country	Zip	Country	5. Certificate of S	tarus Desireo III - 1	8.75 Add		1
	6 Name and Address of Course	Posistavad Assat	<del></del>		·	ee Require	+d	┦
	6. Name and Address of Current		Name.	الم Name and Add المحدد	tress of New Registered A			1
	V CVAITUIA	<del></del>	Ĺ					1
3380 RU	y, cynthia Istie <b>P</b> d		Street A	ddress (P.O. Box Number is	Not Acceptable)			1
	S FL 34275		<del></del>					1
			City		FL	Zip Cod	le	1
<b>A 7</b> 1				<del></del>		1		4
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its r	egistered office o	r registered agent, or both, in	the state of Florida. Tam ia	miliar with,	and accept	1
· ·	1 1	u I			1/20/	^ T		
SIGNATURE	Cynther ()	aux.			1/23/0	<u> 25</u>		
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signal	ure required when reinstating)	DATE			)
					]			1
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing		<b>\$5.00</b> May Be				
After Sept	tember 10, 2003, min will be \$2	236.25 Trust Fund Co	ontribution.	☐ Added to Fees	Florida Departr	nent of S	State	1
10.	OFFICERS AND DI	BECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND DIR	ECTORS IN	J 10	4
TITLE	I SD	Delete	TITLE	STD		Change	Addition	100
NAME	O'REAR, MARY	Expelete.	NAME	GRAFF, MAG	CUARET	Onlings	P-PAGUITOII	CR2E037 (4/03)
STREET ADDRESS	745 VIVIENDA WEST BLVD		STREET ADDRESS	705 VIVIENDA	WEST BLUD			37
CITY-ST-ZIP	VENICE FL 34293		CITY-ST-ZIP	VENICE, FL	34293			[X
TITLE	PD	☐ Delete	TITLE			☐ Change	☐ Addition	18
NAME	CIPYWNYK, HAROLD		NAME					
STREET ADDRESS	721 VIVIENDA WEST BLVD		STREET ADDRESS					ĺ
CITY-ST-ZIP	VENICE FL 34293		CITY-ST-ZIP					J
MUTE ~	VD	☐ Delete	TITLE ~~			Change	Addition	
NAME	WAKEMAN, JOHN		NAME					
STREET ADDRESS	763 S COURT		STREET ADDRESS					]
CITY-ST-ZIP	VENICE FL 34293		CITY-ST-ZIP					1
TITLE	VO	☐ Delete	TITLE			Change	Addition	}
NAME	MILES, JIM		NAME					1
STREET ADDRESS	1655 BAL HARBOUR		STREET ADDRESS					1
CITY-ST-ZIP	VENICE FL 34293		CITY-ST-ZIP					1
TITLE	TD '	🔀 Delete	TITLE			☐ Change	Addition	
NAME	MILLS, MARILYN	٠,	NAME					1
STREET ADDRESS	761 S COURT		STREET ADDRESS		,			
CITY-ST-ZIP	VENICE FL 34293		CITY~ST-ZIP					

12. Thereby 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE: