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FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750737 (9)
1. Corporation Name
VIA LAGO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O GRS MANAGEMENT ASSOCIATES, INC
3900 WOODLAKE BLVD. SUITE 201
LAKE WORTH FL 33463
US

3. Date Incorporated or Qualified
01/24/1980

4. FEI Number **59-2159888** Applied For
 Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **Via LAGO Condominium Assoc.** 26 **Via LAGO Condominium Assoc.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **20 Via LAGO** 27 **P.O. Box 139**
City & State City & State
23 **Boynton Beach, FL** 28 **Delray Beach, FL**
Zip County Zip Country
24 **33435** 25 **Palm Beach** 29 **33447-0630** **USA**

6. Election Campaign Financing
Trust Fund Contribution **\$8.75 Additional Fee Required**
\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
HEIDLER LADWIG, PATTI
1845 PALM BEACH LAKES BLVD.
SUITE 640
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent
81 Name **Sergio's Property Mgmt., Inc.**
82 Street Address (P.O. Box Number Not Accepted) **50 S.E. 4th Ave.**
83
84 City **Delray Beach** FL 85 Zip Code **33403**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *John A. Sergio, President - Sergio's Property Management, Inc.* DATE *4/22/98*

12. OFFICERS AND DIRECTORS

TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	FONTAINE, JOHN
STREET ADDRESS	18 VIA LAGO
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	HARPER, ROBERT
STREET ADDRESS	28 VIA LAGO
CITY-ST-ZIP	BOYNTON BCH FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	KINGSLAND, CHARLES
STREET ADDRESS	17 VIA LAGO
CITY-ST-ZIP	BOYNTON BEACH FL 33435
TITLE	TD <input type="checkbox"/> DELETE
NAME	EDWARDS, WILLIAM
STREET ADDRESS	5 VIA LAGO
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	W.P.D. Robert Taylor
1.3 STREET ADDRESS	4 Via LAGO
1.4 CITY-ST-ZIP	Boynton Beach, FL 33435
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William Edwards Treasurer* DATE: *4/17/98* *561-1641-8554*

CR2E037 (10/97)