2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 12, 2001 8:00 am § Secretary of State **DOCUMENT # 750737** 1. Entity Name VIA LAGO CONDOMINIUM ASSOCIATION, INC. 02-12-2001 90232 009 ****61.25 Principal Place of Business Mailing Address VIA LAGO CONDOMINIUM ASSOC VIA LAGO CONDOMINIUM ASSOC 280 VIA LAGO PO BOX 639 **BOYNTON BCH FL 33435 DELRAY BCH FL 33447-639** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2159888 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SERGIO'S PROPERTY MGT INC 50 SE 4TH AVE **DELRAY BCH FL 33483** Zip Code FL 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) NOW: Make Check Payable to 9. Election Campaign Financing \$5,00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition TITLE ☐ Delete TITLE NAME TAYLOR, ROBERT NAME STREET ADDRESS STREET ADDRESS 4 VIA LAGO CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BCH FL 33435** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HARPER, ROBERT NAME STREET ADDRESS STREET ADDRESS 28 VIA LAGO CITY-ST-ZIP CITY-ST-ZIP <u>BOYNTON BCH FL</u> Change ☐ Addition TITLE **X** Delete TITLE NAME NAME EDWARDS, WILLIAM STREET ADDRESS STREET ADDRESS 5 VIA LAGO CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL** ☐ Change ☐ Addition TITLE Delete TITLE NAME **BOSS, LESLIE** NAME STREET ADDRESS STREET ADDRESS 17 VIA LOGO CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33435** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 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

SIGNATURE:

changed, or on an attachmen