

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90187 028 ****61.25

DOCUMENT # 750737

1. Entity Name
VIA LAGO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
700 LAKE STREET
BOYNTON BCH FL 33435
US

Mailing Address
VIA LAGO CONDOMINIUM ASSOC
PO BOX 639
DELRAY BCH FL 33447-639
US



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2159888

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

✓ SERGIO'S PROPERTY MGT INC
✓ 50 SE 4TH AVE
✓ DELRAY BCH FL 33483

7. Name and Address of New Registered Agent

Name: SERGIO'S PROPERTY MGT INC.
Street Address (P.O. Box Number is Not Acceptable): 100 Venetian Blvd
City: Delray Beach FL Zip Code: 33483

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: John H. Sergio, President [Signature] [Signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE: 1/20/03

FILE NOW: FEE IS \$61.25

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	VPD	<input type="checkbox"/> Delete
NAME	TAYLOR, ROBERT	
STREET ADDRESS	4 VIA LAGO	
CITY-ST-ZIP	BOYNTON BCH FL 33435	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HARPER, ROBERT	
STREET ADDRESS	28 VIA LAGO	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BOSS, LESLIE	
STREET ADDRESS	17 VIA LOGO	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] [Signature] [Signature] X-2-10-03 15617311646

CR2E037 (10/02)