

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 08, 2000 8:00 am
Secretary of State

04-10-2000 90057 024 ****61.25

DOCUMENT # 751658

1. Entity Name

VISTA DEL LAGO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Richard Gerrish

Mailing Address

~~666 MANAGEMENT~~

~~510 30TH ST~~ CMC Management, Inc.

~~WEST PALM BEACH FL 33407~~

US

2994 Jog Rd. Suite B Greenacres, FL 33467

~~666 MANAGEMENT~~

~~510 30TH ST~~

~~WEST PALM BEACH FL 33407-4102~~

US

2994 Jog Rd. Suite B Greenacres, FL 33467

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2047713

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Richard Gerrish

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

~~666 MANAGEMENT~~

CMC Management, Inc.

~~510 30TH ST~~

2994 Jog Rd. Suite B

~~WEST PALM BEACH FL 33407~~

Greenacres, FL 33467

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

D

WOOD, MICHAEL

1800 EMBASSY DRIVE, #126

WPB FL

☒ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD

COYNER, LAURA

1800 EMBASSY DRIVE, #108

WPB FL

☒ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD

CZAJKOWSKI, PETER

1800 EMBASSY DRIVE, #107

WPB FL

☒ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DS

WINER, MARC

1800 EMBASSY DRIVE, #116

WPB FL

☒ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DV

HOFFRICHTER, MERLE

1800 EMBASSY DRIVE, #131

WPB FL

☒ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

RUTTER, ROYCE

1800 EMBASSY DRIVE, #130

WPB FL

☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

P

Angela Gage

1800 Embassy Drive #102

WPB, FL

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP

Merle Hoffrichter

1800 Embassy Drive #131

WPB, FL

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Sec/Treas

Paul Hauser

1800 Embassy Drive #121

WPB, FL

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

Marc Winer

1800 Embassy Drive #116

WPB, FL

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

Cynthia Simpson

1800 Embassy Drive #118

WPB, FL

☐ Change

☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00

Date

Daytime Phone #

CR25037 (9/99)