2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State
02-16-2004 90036 031 ****61.25

DOCUMENT # 751658

1. Entity Name
VISTA DEL LAGO CONDOMINIUM ASSOCIATION, INC.

54006670

Principal Place of Business	Mailing Address
GLEN D. SMITH & CO. 2 SHANNON CIRCLE WEST PALM BEACH, FL 33401 US	P.O. BOX 708 PALM BEACH, FL 33480 US

DO NOT WRITE IN THIS SPACE

01092004 No Chg-NP CR2E037 (10/03)

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**

SMITH, GLENN D
2 SHANNON CIRCLE
WEST PALM BEACH, FL 33401

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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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

ìkóü òbóú îìíû ßûûîí Ýìçõîìóæ	PD WINER, MARC 1800 EMBASSY DR #116 WEST PALM BEACH, FL 33401
ìkóü òbóú îìíû ßûûîí Ýìçõîìóæ	D BYLER, DAVID 1800 EMBASSY DR #112 WEST PALM BEACH, FL 33401
ìkóü òbóú îìíû ßûûîí Ýìçõîìóæ	T HAWTHORNE, BRUCE 1800 EMBASSY DR #112 WEST PALM BEACH, FL 33401
ìkóü òbóú îìíû ßûûîí Ýìçõîìóæ	D BELCH, DENNIS 1800 EMBRY DR #115 WEST PALM BEACH, FL 33401
ìkóü òbóú îìíû ßûûîí Ýìçõîìóæ	
ìkóü òbóú îìíû ßûûîí Ýìçõîìóæ	

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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: ______________________________ 2/10/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #