

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR -5 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03272007 Chg-LP CR2E003 (12/06)

4. FEI Number **65-0533113** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CROSSEN, JOSEPH F
3307 NORTH LAKE BLVD, SUITE 107
PALM BEACH GARDENS, FL 33403

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P94000083405**
NAME **VISTA DEL LAGO DEVELOPMENT CORP.**
STREET ADDRESS **4239 NORTHLAKE BLVD., STE. D**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

DOCUMENT #
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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS **3307 Northlake Blvd, Suite 107**
CITY-ST-ZIP **Palm Beach Gardens, FLA 33403**

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS **100098438971**
CITY-ST-ZIP **04/11/07--01035--016 **500.00**

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3/28/07 **846262778**

STAPLE CHECK HERE