2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009935

FILED Apr 04, 2008 Secretary of State

Entity Name: VIVALDI AT COSTA DEL LAGO CONDOMINIUM ASSOCIATION, INC.

	Principal Place	of Business:	New Principal Place	New Principal Place of Business:	
SUITE 1	AND COURT FL 34110				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	N CARLOS BLV ERS, FL 33908				
El Number	: 59-3793505	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
C/O SUIT 15751 SAI FORT MY	D COSTA DEL I OR & ASSOCIA N CARLOS BLV ERS, FL 33908	TES /D 8 US	surnose of changing its register	ed office or registered agent, or both,	
	e of Florida.	abilitis tilis statement for the p	dipose of changing its register	ed office of registered agent, of both,	
SIGNATU	RE:				
	Electroni	c Signature of Registered Age	ent	Date	
OFFICER	S AND DIRECT	ORS:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS:	
Name: Nddress:	P () GARDNER, THO 5 CUSHING ST PROVIDENCE, I		Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip:	GARDNER, THO 5 CUSHING ST PROVIDENCE, I	MAS RI 02906 Delete DYD ON LAKES PL	Name: Address:		
Name: Address: City-St-Zip: Fitle: Name: Address:	GARDNER, THO 5 CUSHING ST PROVIDENCE, I VP () LEWELLYN, FL 152285 CHAMP LOUISVILLE, KY	MAS RI 02906 Delete DYD ION LAKES PL 7 40245 Delete IN CRT 103	Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	
Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	GARDNER, THO 5 CUSHING ST PROVIDENCE, I VP () LEWELLYN, FL' 152285 CHAMP LOUISVILLE, KY T () ATTWOOD, JOH 10830 VIVALDI FORT MYERS, I S () MCNUIT, RICHA 4875 LAKEWAY	MAS RI 02906 Delete DYD ION LAKES PL 7 40245 Delete IIN CRT 103 FL 33913 Delete RD DR	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C.R. MIDDLETON MGR 04/04/2008