301

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # N05000010644

1. Entity Name
VISCONTI WEST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12765 W. FOREST HILL BLVD, SUITE 1307 WELLINGTON, FL 33414	12765 W. FOREST HILL BLVD, SUITE 1307 WELLINGTON, FL 33414

DO NOT WRITE IN THIS SPACE

04202007 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-3781146
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GAZIANO, BARBARA
12765 W. FOREST HILL BLVD, SUITE 1307
WELLINGTON, FL 33414

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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, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GILES, RICK
STREET ADDRESS	12765 W. FOREST HILL BLVD, SUITE 1307
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	VD
NAME	WILSON, BRIAN
STREET ADDRESS	12765 W. FOREST HILL BLVD, SUITE 1307
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	TSD
NAME	GAZIANO, BARBARA
STREET ADDRESS	12765 W. FOREST HILL BLVD, SUITE 1307
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/21/07-80018-016 70.00

12. 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 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: _____ Thomas J Keady 4/26/07 561-333-3669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #