

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010644

FILED
Apr 29, 2009
Secretary of State

Entity Name: VISCONTI WEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

6972 LAKE GLORIA BLVD
ORLANDO, FL 328093200 US

Current Mailing Address:

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

New Mailing Address:

6972 LAKE GLORIA BLVD
ORLANDO, FL 328093200 US

FEI Number: 20-3781146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILES, RICHARD
12765 W. FOREST HILL BLVD, SUITE 1307
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT INC
6972 LAKE GLORIA BVLD
ORLANDO, FL 328093200 US

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: REBECCA FURLOW

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDST () Delete
Name: GILES, RICHARD
Address: 12765 W. FOREST HILL BLVD, SUITE 1307
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: REYES, AURIANA
Address: 1440 LAKE SHADOW CIRCLE #8201
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: MATTIOLI, ISABELLE
Address: 12765 W FOREST HILL BLVD SUITE 1307
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GILES, RICHARD
Address: 12765 W. FOREST HILL BLVD, SUITE 1307
City-St-Zip: WELLINGTON, FL 33414

Title: VP (X) Change () Addition
Name: STRAUB, HEATHER
Address: 12765 W. FOREST HILL BLVD SUITE 1307
City-St-Zip: WELLINGTON, FL 33414

Title: D (X) Change () Addition
Name: REYES, AURIANA
Address: 1440 LAKE SHADOW CIRCLE #8201
City-St-Zip: MAITLAND, FL 32751

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: RICK GILES

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date