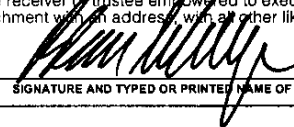


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90265 012 ****61.25

DOCUMENT # N05000012519 1. Entity Name LA VIA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 9635 NW 1ST CT. PEMBROKE PINES, FL 33024			Mailing Address 250 S. AUSTRALIAN AVENUE, SUITE 1003 WEST PALM BEACH, FL 33401		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>1801 S. Australian Ave</i>		 04142008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <i>West Palm Beach FL</i>			
Zip	Country	Zip <i>33409</i>	Country		
4. FEI Number 20-3941558				☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHIESINGER, ADAM 250 S. AUSTRALIAN AVE., SUITE 1003 W. PALM BCH, FL 33401			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>1801 S. Australian Ave</i> City <i>West Palm Beach</i> FL Zip Code <i>33409</i>		
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, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHLESINGER, ADAM 250 S. AUSTRALIAN AVE., SUITE 1003 W. PALM BCH, FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>1801 S. Australian Ave</i> <i>West Palm Beach FL 33409</i>	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHLESINGER, RICHARD 250 S. AUSTRALIAN AVE., SUITE 1003 W. PALM BCH, FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>1801 S. Australian Ave</i> <i>West Palm Beach FL 33409</i>	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERN, PAUL 9635 NW 1ST COURT PEMBROKE PINES, FL 33024	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: 			_____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			_____ Date		
			_____ Daytime Phone #		