


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90050 029 ****61.25

DOCUMENT # N06000008388					
1. Entity Name VIA LUGANO CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1400 VIA LUGANO CIRCLE BOYNTON BEACH, FL 33436			Mailing Address 1400 VIA LUGANO CIRCLE BOYNTON BEACH, FL 33436		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-5569096	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TARRAGON LUGANO, LLC 5900 N ANDREWS AVE STE 500 FT LAUDERDALE, FL 33309			Name <u>Marcy H. Kammerman, Esq</u> Street Address (P.O. Box Number is Not Acceptable) <u>21 West Las Olas Blvd.</u> City <u>Fort Lauderdale</u> <u>FL</u> Zip Code <u>33301</u>		
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, the registered agent.					
SIGNATURE <u>Marcy H. Kammerman</u> <small>Signature typed or printed name of registered agent and title if applicable.</small>			<u>Marcy H. Kammerman</u> <u>1/23/08</u> <small>(NOTE: Registered Agent signature required when re-registering) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$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	PD HELMAN, JAMES R 5900 N ANDREWS AVE - STE 500 FT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President + Director Steven P. Rosenthal 2150 Washington Street Newton, MA 02462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KAMMERMAN, MARCY H 5900 N ANDREWS AVE - STE 500 FT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President + Treasurer Mark P. Consoli 2150 Washington Street Newton, MA 02462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FAGERLI, O H 5900 N ANDREWS AVE - STE 500 FT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary + Director Suzanne Abair 2150 Washington Street Newton, MA 02462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Steven Gardner 100 Via Lugano Circle, #105 Boynton Beach, FL 33436-7157	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 <u>Marcy H. Kammerman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>1/23/08</u> <u>954-245-3295</u> <small>Date Daytime Phone #</small>		