2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 06, 2001 8:00 am Secretary of State **DOCUMENT # N18795** 1. Entity Name LA VISTA CONDOMINIUM ASSOCIATION, INC. 03-06-2001 90314 038 ****61.25 Principal Place of Business Mailing Address 265 TAMIAMI TRAIL 1601 PARK BEACH CIRCLE PUNTA GORDA FL 33950 PUNTA GORDA FL 33952 725413 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2789826 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GREENE, JOAN 265 TAMIAMI TRAIL **PUNTA GORDA FL 33950** Zip Code City FL 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be \Box Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE 🔽 Change TITLE Delete 🚨 ARTHUR DESTOFANO HEMMERLE, BILL NAME NAME 1601 Pank Beach Circle 1601 PARK BEACH CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Gorda Fl **PUNTA GORDA FL** ST ☐ Change ☐ Addition TITLE 🗷 Delete TITLE GREENE, JOAN F. NAME NAME STREET ADDRESS STREET ADDRESS 3450 HARBOR BLVD. CITY-ST-ZIP CITY-ST-ZIP PORT CHARLOTTE FL PD Change Change ☐ Addition TITLE ☐ Delete TITLE REITERER. Charles REITER, CHARLES NAME NAME STREET ADDRESS STREET ADDRESS 1601 PARK BEACH CIRCLE CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA FL 33952 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME KLEEMAN, AL STREET ADDRESS STREET ADDRESS 1601 PARK BEACH CIRCLE CITY-ST-ZIP CITY-ST-ZIP **PUNTA GORDA FL 33912** Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

7 - 28 - 0/ Daytime Phone