2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N18795

FILED Mar 15, 2004 8:00 am Secretary of State 03-15-2004 90086 007 ****61.25

LA VISTA CONDOMINIUM ASSOCIATION, INC.											
Principal Place 1601 PARK E PUNTA GORD	ng Address 5 TAMIAMI TRAIL NTA GORDA, FL 33950 US				94029444						
Principal Place of Business Mailing Address											
Suite, Apt. #, etc.			100 Sullivan S7 Suite, Apt. #, etc.				03082004	Chg-NP	CR2E037	(10/03)	
City & State			Punta Gorda			1	4. FEI Number				
Zip	Country	Zi			Intry		6. Certificate of Status De			8.75 Ad	ditional
	6. Name and Address of Cur			· ==		اند ت	7. Name and A	ddress of New			
GREENE, JOAN 265 TAMIAMI TRAIL PUNTA GORDA, FL 33950 Sullivan S7 Sulle III											
					CityPun	7 A	GORD	A	FL		950
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 3/8/64											
Signature, typed or preference of registered agent and trie if applicable. (NOTE: Registered Agent agent are required when reinstating) DATE											
	9. Election Car Trust Fund				5.00 May Be		Make check Irida Departi				
= 10.	OFFICERS AN	DIRECTORS		11.		ΑĒ	DITIONS/CHAN	GES TO OFFICE	ERS AND DIRE	CTORS IN	1 10
TITLE NAME STREET ADORESS CITY-ST-ZIP	VPD DESTEFANO, ARTHUR 1601 PARK BEACH CIRCLE PUNTA GORDA, FL 33950		☐ Delete							Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REITERER, CHARLES 1601 PARK BEACH CIRCLE PUNTA GORDA, FL 33952		☐ Delete							Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	STD SALAY, JOSEPH 601 SHREVE STREET 12-A PUNTA GORDA, FL 33950	- سبب	Délète —		ET ADDRESS 3	n E	, Bulza redford	Lanz		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1	☐ Delete					•		Change	Addition
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TITLE NAME STREET ADORESS CITY-ST-ZIP			□ Delete		i i					Change	Addition
of the corp	tertify that the information supplied on this report or supplemental reporation or the receiver or trustee or on an attachment with an address.	ort is true and empowered to ess, with all off	accurate and that is execute this report	my signat as requir	ure shall have	e the sa	me legal effect a Florida Statutes;	s if made under	oath: that I am	an officer	rordirector !

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR