

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90015 030 ****61.25

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1. Entity Name

VIVA VARELA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

C/O NICOLA KINLOCH
1014-1 VARELA ST.
KEY WEST FL 33040

Mailing Address

C/O NICOLA KINLOCH
1014-1 VARELA ST.
KEY WEST FL 33040



1st MOORE

CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0881280

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KINLOCH, NICOLA
1014-1 VARELA ST.
KEY WEST FL 33040

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ALFONSO, RAYMOND	
STREET ADDRESS	1014-1 VARELA ST.	
CITY- ST- ZIP	KEY WEST FL 33040	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	RAMSAY, DOUG	
STREET ADDRESS	1012-1 VARELA ST.	
CITY- ST- ZIP	KEY WEST FL 33040	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KINLOCH, NICOLA	
STREET ADDRESS	1014-1 VARELA ST.	
CITY- ST- ZIP	KEY WEST FL 33040	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	TERRY, RAMSAY	
STREET ADDRESS	1012-3 VARELA ST.	
CITY- ST- ZIP	KEY WEST FL 33040	
TITLE	P	<input type="checkbox"/> Delete
NAME	NICOLA KINLOCH	
STREET ADDRESS	1014 VARELA ST. #1	
CITY- ST- ZIP	KEY WEST, FL 33040	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Jeanne Seindler	
STREET ADDRESS	1012 VARELA ST. #3	
CITY- ST- ZIP	KEY WEST, FL 33040	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Nicola Kinloch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/08

(305)-293-4669