FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000083405 (8)

1. Corporate Name

VISTA DEL LAGO DEVELOPMENT CORP.

Principal Place of Business
701 US HWY 1 SUITE 101
NORTH PALM BEACH FL 33408

Mailing Address
701 US HWY 1 SUITE 101
NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
2a. Mailing Address
26
Suite, Apt. #, etc.
22
Suite, Apt. #, etc.
27
City, State
23
City, State
28
24 Zip Code 25 Country
29 Zip Code 30 Country

3. Date Incorporated or Qualified: 11/15/1994
3a. Date of Last Report
4. FEI Number: 65-0533115
Applied For / Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has filed for income tax under S. 1911.02 Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CROSSEN, JOSEPH F
701 US HWY 1 SUITE 101
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida and the undersigned, being an officer or director of the corporation, hereby accepts the appointment as registered agent. I am familiar with and accept the duties and responsibilities of registered agent under Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CROSSEN, JOSEPH F
STREET ADDRESS	701 US HWY 1 SUITE 101
CITY-ST-ZIP	NORTH PALM BEACH FL 33408
TITLE	D
NAME	HOWLAND, LYLE
STREET ADDRESS	20 BLACK HORSE LN
CITY-ST-ZIP	COHASSET MA 02025
TITLE	D
NAME	DEVELLIS, COSMO
STREET ADDRESS	313 CONGRESS ST
CITY-ST-ZIP	BOSTON MA 02210

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is correct to the best of my knowledge and belief, and that I am duly authorized to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this report or supplemental annual report not to be changed pursuant to s. 607.0505, Florida Statutes, and that my signature shall serve as the written statement of the registered agent to continue the registration as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 13 as an officer or director or registered agent with an address.

SIGNATURE: JOSEPH F. CROSSEN P/D

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR

407-842-1999
Telephone #

0247473 CP