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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000083405 (8)**

1. Corporation Name
VISTA DEL LAGO DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
701 US HWY 1 SUITE 101 NORTH PALM BEACH FL 33408	701 US HWY 1 SUITE 101 NORTH PALM BEACH FL 33408-4587

3. Date Incorporated or Qualified: 11/15/1994
3a. Date of Last Report: 03/29/1996

2. Principal Place of Business
21: 4239 NORTHLAKE BLVD.
Suite, Apt. #, etc. 22: SUITE D
City & State 23: PALM BEACH GARDENS, FL.
Zip 24: 33410 Country 25:

2a. Mailing Address
26: 4239 NORTHLAKE BLVD.
Suite, Apt. #, etc. 27: SUITE D
City & State 28: PALM BEACH GARDENS, FL.
Zip 29: 33410 Country 30:

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 liability for intangible tax under s. 199.032, 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): 4239 NORTHLAKE BLVD.
83: SUITE D
84 City: PALM BEACH GARDENS FL 85 Zip Code: 33410

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CROSSEN, JOSEPH F 701 US HWY 1 SUITE 101 NORTH PALM BEACH FL 33408	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition	4239 NORTHLAKE BLVD., STE. D PALM BEACH GARDENS, FL 33410
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOWLAND, LYLE 20 BLACK HORSE LN COHASSET MA 02025	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEVELLIS, COSMO 313 CONGRESS ST BOSTON MA 02210	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	200002062352 -01/17/97--01102--008 ***165.00 ☐ Change ☐ Addition	

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 1-14-97 (561)626-3778