

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 10, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000083405

1. Entity Name  
VISTA DEL LAGO DEVELOPMENT CORP.



Principal Place of Business  
4339 NORTHLAKE BLVD  
SUITE D  
PALM BEACH GARDENS, FL 33410

Mailing Address  
4339 NORTHLAKE BLVD  
SUITE D  
PALM BEACH GARDENS, FL 33410



02112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0533115 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CROSSEN, JOSEPH F  
4239 NORTHLAKE BLVD.  
SUITE D  
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE  
IN THIS SPACE**

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 \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

U00000258659  
03/10/05-80049-021 150.00

10. OFFICERS AND DIRECTORS

TITLE D  
NAME CROSSEN, JOSEPH F  
STREET ADDRESS 4239 NORTHLAKE BLVD., STE. D  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE D  
NAME HOWLAND, LYLE  
STREET ADDRESS 20 BLACK HORSE LN  
CITY-ST-ZIP COHASSET, MA 02025

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J-B.95 (ST) 626-2778

Date

Daytime Phone #