

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90210 012 ***150.00

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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



2. Principal Place of Business

3307 NORTHLAKE BLVD

Suite, Apt. #, etc.

SUITE 107

City & State

3. Mailing Address

3307 NORTHLAKE BLVD

Suite, Apt. #, etc.

SUITE 107

City & State

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0533115

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

33403

33403

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

3307 NORTHLAKE BLVD, SUITE 107

City

FL

Zip Code

33403

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3307 NORTHLAKE BLVD, SUITE 107
CITY-ST-ZIP 33403

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 66 BEACON STREET
CITY-ST-ZIP BOSTON, MA 02108

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 the 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

4-25-06

Date

Daytime Phone #