FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 731710

(0)

VIZCAYA GARDENS CONDOMINIUM ASSOCIATION, INC

| VIZUAT | A GAND | ENS COMPONIN | IUM ASSI | JUNTON, INC | ٠, | | e. | | | | | | |
|---------------------------------------|-------------------------------|---|------------------------------------|---|---------------------------|--------------|--------------------|-------------|---|------------|-------------|------------|----------------------------|
| Principal Place | e of Busines | SS | Maili | Mailing Address | | | | | | | | | |
| 711 S.E. 1ST W DEERFIELD BEA US | | 1 | SUITE | 4950 N. DIXIE HIGHWAY SUITE A FORT LAUDERDALE FL 33334-3947 US | | | | 3. | Date Incorporated or Qualifie | d 3a | . Date of | | |
| | | | | | | | | | 01/23/1975 | | 07/1 | 5/199 | 96 |
| 2. Principal Pi | lace of Busi | ness | ļ ₁ | 2a. Mailing Address | | | | 4. | FEI Number 59-1845782 | | | | plied For |
| Suite, Apt. | # etc | | | Suite, Apt. #, etc. | | | | | 09 1040102 | ···· | 60 | | t Applicable Additional |
| 22 | | | 27 | 27 | | | | | Certificate of Status Desired | D 3 | | Fee Re | quired |
| City & State | | | 28 | City & State | | | | 6. | Election Campaign Financing Trust Fund Contribution | | | | May Be o Fees |
| Zιρ | | Country | | Zip Cou | | | iry 8 | | This corporation has liability for | | | | 199.032, |
| 24 | o Nome | 25 | | 29 30 | | | | | Florida Statutes | Yes | | | |
| <u> </u> | 9. Name | and Address of Curr | ent Register | ed Agent | | 81 | Name | 10. | Name and Address of New | Kegiste | rea Agent | <u>:</u> | |
| VENME) I | LY, JOHN | 6 E60 | | | | 62 | | | | ···· | | | |
| | DIXIE HIGI | | | | | | Street Add | iress (P | O. Box Number is Not Accep | table) | | | |
| SUITE A | | | | 83 | | | | | | | | | |
| | | E FL 33334 | | | | | City | | | | 85 | Zip C | Code |
| 11 Purcuant | to the provin | cions of Sections 617.0 | 502 and 617 | 1509 Florida Statu | ton the of | | named son | noration | n submits this statement for the | | FL | aina it | o registered |
| office or re agent. I ar | egistered ag m familiar w | gent, or both, in the Sta with, and accept the obl | ite of Florida. igations of, S | Such change was ection 617.0503, F | authorized lorida Stat | d by utes | the corpora | ation's b | poard of directors. I hereby acc | cept the | appointm | ent as | registered |
| SIGNATURE | | | | | | | | | | | | | |
| 12. | Signature, types | OFFICERS A | agent and tille if a ND DIRECTO | | TE Registered | i Ager | nt signature requi | | reinstating) ADDITIONS/CHANGES TO OF | DA | | CTOP | C INI 12 |
| TITLE | TD | OI FIOLIS F | IND DINCON | DELETE | 1.1 10 | TLE | | | ADDITIONS/OFFANGES TO OF | IIOLIIO | | hange | Addition |
| NAME | - | MADELINE | | | 1.2 NA | | | | | | | | |
| STREET ADDRESS | | 1ST WAY STE 14 | | | 1.3 ST | REET | ADDRESS | | | | | | |
| CITY-ST-ZIP | | ELD BEACH FL | | | 1.4 CI | TY-\$1 | r-ZIP | | | | | | |
| TITLE | PD | | | DELETE | 2.1 Trī | | | | | ······ | c | hange | Addition |
| NAME | Kennei | .y, John Sr | | | 2.2 NA | ME | | | | | | | |
| STREET ADDRESS | | Y PALM RD | | | 2.3 ST | REET | address | | | | | | |
| CITY - ST - ZIP | | RATON FL | | | 2, 4 C | | T-ZIP | | | | | | |
| TOTLE | VPD | DIALBIA | | DELETE | 3.1 TO | | ļ | | | | L C | hange | Addition |
| NAME | | , DIANNA | | | 3.2 NA | | | | | | | | |
| STREET ADDRESS | | LLSBORO MILE ORO BEACH FL | | | | | ADDRESS | | | | | | |
| DHY-ST-ZIP TITLE | D | JNO DEAUTITE | | DELETE | 3.4. CI 4.1 Til | | 1-21 | | | ····· | TIC | hange | Addition |
| NAME | _ | n, sally | | | 4. 2 N | | | | | | | | |
| STREET ADDRESS | | . 1ST WAY #21 | | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP | | ELD BEACH FL | | | 4.4 CII | | | | | | | | |
| TITLE | | | | DELETE | 5.1 TI | | | | | | C | hange | Addition |
| NAME | | | | | 5.2 NA | ME | | | | | | | |
| STREET ADDRESS | | | | | 5.3 ST | REET | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | 5.4 CI | | I-ZIP | | | | | | |
| TITLE | | | | ☐ DELETE | 6.1 TI | | | | | | □ c | hange | Addition |
| NAME | | | | | 6.2 NA | | | | | | | | |
| STREET ADDRESS | | | | | | | ADDRESS | | | | | | |
| City-St-ZiP | u cortify the | at the information suppl | ied with this | filing dose not avail | 6.4 CI | | | d in Co | ction 119.07(3)(i), Florida Statu | Hac I & | other cort | h (that : | the |
| information Lam an of | n indicated flicer or dire | on this annual report o | r supplement or the receiv | tal annual report is er or trustee empor | true and a wered to e | ICCU | rate and that | at my sig | gnature shall have the same le equired by Chapter 617, Florida | gal effe | ct as if ma | ide und | der oath; that |

SIGNATURE:

IATURE AND EPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/29/97

954/77/-2972 Daytime Phone # 0037619

FILED

May 13 1997 8:00am

Secretary of State