

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731710

1. Entity Name

VIZCAYA GARDENS CONDOMINIUM ASSOCIATION, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90311 038 ****70.00

Principal Place of Business

711 S.E. 1ST WAY
 DEERFIELD BEACH FL 33441
 US

Mailing Address

4950 N. DIXIE HIGHWAY
 SUITE A
 FORT LAUDERDALE FL 33334-3947
 US

2. Principal Place of Business

711 SE 1st Way

Suite, Apt. #, etc.

City & State
 Deerfield Beach FL

Zip
 33441

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State
 6849 Cobia Circle
 Boynton Beach FL 33437

Zip

Country

4. FEI Number

59-1845782

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KENNELLY, JOHN S ESQ
 4950 N. DIXIE HIGHWAY
 SUITE A
 FORT LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

Name
 John S. Kennelly, Esq.

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

6849 Cobia Circle

City
 Boynton Beach FL 33437 FL

Zip Code

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.

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KLEIN, MADELINE 721 SE 1ST WAY STE 14 DEERFIELD BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KENNELLY, JOHN SR 333 KEY PALM RD BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODSON, SALLY 731 S.E. 1ST WAY #21 DEERFIELD BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Steven Kerokes 711 SE 1st Way #7 Deerfield Beach FL 33441	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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 of Steven Kerokes
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 24 2000

561-369-2345

Date

Daytime Phone #

CR2E037 (9/99)