2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 05, 2006 8:00 am Secretary of State **DOCUMENT # 731710** 1. Entity Name 05-05-2006 90171 027 ****70.00 VIZCAYA GARDENS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 711 S.E. 1ST WAY 6849 COBIA CIRCLE DEERFIELD BEACH FL 33441 **BOYNTON BEACH FL 33437** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-1845782 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KENNELLY, JOHN S ESQ 6849 COBIA CIRCLE Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33437** 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Addition ☐ Chance RUSCITTI, FRANK NAME NAME 721 SE 1ST WAY, UNIT 9 STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 33441 CITY-ST-ZIP Addition TITLE ☐ Delete Change KENNELLY, JOHN SR NAME NAME 333 KEY PALM RD STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP CITY-ST-ZIP ₽ Delete. ☐ Addition ESSIAMBRE, LOUISETTE NAME NAME 721 SE 1ST WAY, UNIT 9 STREET ADDRESS STREET ADDRESS City-St-7IP DEERFIELD BEACH FL 33441 CITY-ST-ZIP **Addition** Delete ☐ Change TITLE TITLE Bruce Weiss 721 SE 1st Way, Unit 13 NAME NAME STREET ADDRESS STREET ADDRESS Deerfield Beach FL 33441 CITY-ST-ZIP CITY-ST-ZIP Delete □ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME

12. I hereby certify that the information supplied with this filing does not quality 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 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

In B Brailly

John B. Kennelly President

4-28-06 561-369-2345

FILED