

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90024 039 ****70.00



DOCUMENT # N02000002426
 1. Entity Name
VIZCAYA VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
350 E 5TH STREET **7600 W 20 AVE**
HIALEAH FL 33016 **217**
HIALEAH FL 33016



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip
340 E 5th St
104
Hialeah, FL
33010

1st MOORE CR2E037 (10/07)
 4. FEI Number **65-0882153**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
TERRA ASSOCIATION MANAGEMENT SERVICES INC
7600 W 20 AVE SUITE 217
HIALEAH FL 33016

7. Name and Address of New Registered Agent
 Name **Padron, Manuel**
 Street Address (P.O. Box Number is Not Acceptable) **340 E 5th Street 104**
 City **Hialeah** FL Zip Code **33010**

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]* DATE **3/2/08**

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GOODY, EDUARDO JR	
STREET ADDRESS	355 E 4TH STREET	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	S	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, NOEL L	
STREET ADDRESS	340 E 5TH STREET #204	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	DD	<input type="checkbox"/> Delete
NAME	PADRON, MANUEL	
STREET ADDRESS	340 E 5TH STREET #104	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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]* DATE: **3/2/08**