

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 20, 2009  
Secretary of State**

DOCUMENT# N02000002426

Entity Name: VIZCAYA VILLAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

350 E 5TH STREET  
HIALEAH, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

340 E 5TH ST  
104  
HIALEAH, FL 33010

**New Mailing Address:**

FEI Number: 65-0882153      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MANUEL, PADRON  
340 E 5TH STREET 104  
HIALEAH, FL 33010      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: GOODY, EDUARDO JR  
Address: 355 E 4TH STREET  
City-St-Zip: HIALEAH, FL 33016

Title: S      ( ) Delete  
Name: RODRIGUEZ, NOEL L  
Address: 340 E 5TH STREET #204  
City-St-Zip: HIALEAH, FL 33016

Title: DD      ( ) Delete  
Name: PADRON, MANUEL  
Address: 340 E 5TH STREET #104  
City-St-Zip: HIALEAH, FL 33016

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: PADRON, MANUEL  
Address: 340 E 5TH STREET #104  
City-St-Zip: HIALEAH, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL PADRON

D

01/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date