

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N26044 (0)**

1. Corporation Name  
**VIZCAYA HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**2953 LA CONCHA DRIVE  
CLEARWATER FL 34622  
US**

Mailing Address  
**P O BOX 17073  
CLEARWATER FL 34622  
US**

3. Date Incorporated or Qualified **04/22/1988**      3a. Date of Last Report **04/05/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
23. Zip Country		28. Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24. Zip		25. Country		29. Zip		30. Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>EILER, SCOTT D 2953 LA CONCHA DRIVE CLEARWATER FL 34622</b>				81. Name <b>KAREN EILER</b>			
				82. Street Address (P.O. Box Number is Not Acceptable) <b>2953 LA CONCHA DR.</b>			
				83. City			
				84. City <b>CLEARWATER</b> FL 85. Zip Code <b>34622</b>			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Karen D. Eiler*      DATE: **4/11/96**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>LANSON, SUSAN</b>			1.2 NAME	<b>BILL ESTENSAUGH</b>		
STREET ADDRESS	<b>2961 LA CONCHA DR</b>			1.3 STREET ADDRESS	<b>2945 LA CONCHA DR.</b>		
CITY-ST-ZIP	<b>CLEARWATER FL</b>			1.4 CITY-ST-ZIP	<b>CLEARWATER, FL 34622</b>		
TITLE	<b>S</b>	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>COX, JANICE</b>			2.2 NAME			
STREET ADDRESS	<b>2840 LA CONCHA DR</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>CLEARWATER FL</b>			2.4 CITY-ST-ZIP			
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<b>V/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>EILER, SCOTT D</b>			3.2 NAME	<b>KAREN EILER</b>		
STREET ADDRESS	<b>2953 LA CONCHA DRIVE</b>			3.3 STREET ADDRESS	<b>2953 LA CONCHA DR.</b>		
CITY-ST-ZIP	<b>CLEARWATER FL</b>			3.4 CITY-ST-ZIP	<b>CLEARWATER, FL 34622</b>		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ZINTEL, MARK</b>			4.2 NAME			
STREET ADDRESS	<b>2800 LA CONCHA DRIVE</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>CLEARWATER FL</b>			4.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>PELIAS, DEBBIE</b>			5.2 NAME	<b>JOHN HARRIS</b>		
STREET ADDRESS	<b>2969 LA CONCHA DRIVE</b>			5.3 STREET ADDRESS	<b>2841 LA CONCHA DR.</b>		
CITY-ST-ZIP	<b>CLEARWATER FL</b>			5.4 CITY-ST-ZIP	<b>CLEARWATER, FL 34622</b>		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS	<b>300001782813</b>		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	<b>-04/16/96--01126--032</b>		
					<b>***61.25</b>		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Karen D. Eiler*      **KAREN D. EILER**      DATE: **2/1/96**      DAYTIME PHONE #: **572-41087**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (12/95)