


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

**FILED**  
**Mar 24 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N26044 (0)**  
 1. Corporation Name  
**VIZCAYA HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>2853 LA CONCHA DRIVE CLEARWATER FL 34622 US</b>	Mailing Address <b>P O BOX 17073 CLEARWATER FL 34622 US</b>
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3. Date Incorporated or Qualified  
**04/22/1988**

4. FEI Number  
**NOT APPLICABLE**

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

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip 33762 Country	26. Zip 33762 Country

9. Name and Address of Current Registered Agent

**EILER, KAREN**  
**2853 LA CONCHA DRIVE**  
**CLEARWATER FL 34622 33762**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNOR, RICHARD	1.2 NAME	
STREET ADDRESS	2889 LA CONCHA DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	33762
TITLE	B <input type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OOK, JANICE	2.2 NAME	Godwin, John
STREET ADDRESS	2840 LA CONCHA DR	2.3 STREET ADDRESS	2808 La Concha Dr.
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	33762
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EILER, KAREN	3.2 NAME	
STREET ADDRESS	2853 LA CONCHA DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34622	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZINTEL, MARK	4.2 NAME	
STREET ADDRESS	2800 LA CONCHA DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	33762
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, JOHN	5.2 NAME	O'Connell, Paulette
STREET ADDRESS	2869 LA CONCHA DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34622	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Godfrey, Marilyn
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 1/12/98 572-4687 (813)

CR2E037 (10/97)