NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26044

1. Corporation Name

VIZCAYA HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

2a. Mailing Address

2953 LA CONCHA DRIVE CLEARWATER FL 33762 P O BOX 17073 CLEARWATER FL 33762

US

FILED May 07, 1999 8:00 am § Secretary of State

05-07-1999 90050 040 ****61.25

|--|--|--|--|--|--|--|

3. Date Incorporated or Qualifed

21		26			04/22/1988			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				Applied For	
22		27			NOT APPLICABLE		Not Applicable	
City & State City & State				5. Certificate of Status Desired			8.75 A	
23		28			C. Collingate of Clares Desired		Fee Req	uired
Zip	Country	Zip	, , , , , , , , , , , , , , , , , , , ,			\$5.00 N		
24	25	29 30	<u> </u>		Trust Fund Contribution		Added to	Fees
	9. Name and Address of Currer	t Registered Agent			10. Name and Address of New Rec	gistered Age	nt	
			81	Name				Į
EILER, KA	REN		82	Street Add	ress (P.O. Box Number is Not Acceptable	e)		
	CONCHA DRIVE			_				
	TER FL 33762		83					
OCD BITTI			84	City		8	5 Zip C	ode
-1				Ť		┡┖┤	'	
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes,	the above	-named corp	poration submits this statement for the pu	rpose of cha	nging its r	egistered stered
office or i	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was authoritions of, Section 617.0503, Florida	onzed by i Statutes.	ine corporati	on's board of directors. I hereby accept t	не аррония	nik as reg	310100
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Reg		t signature require	ed when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	ĺP	☐ ĐELETE	1.1 TITLE			L	Change	☐ Addition
NAME	O'CONNOR, RICHARD		1.2 NAME					
STREET ADDRESS	2889 LA CONCHA DR		1.3 STREET	ADDRESS				
CITY-ST-ZIP	CLEARWATER FL 33762		1.4 CITY-ST	-ziP				
TITLE	VP	☐ DELETE	2.1 TITLE				Change	Addition
NAME	GODWIN, JOHN		2.2 NAME					
STREET ADDRESS	1 · · · · · · · · · · · · · · · · · · ·		2.3 STREET	ADDRESS				
CITY-ST-ZIP	CLEARWATER FL 33762		2. 4 CITY-S	T- ZIP				
TITLE	ST	☐ DELETE	3.1 TITLE				Change	☐ Addition
NAME	EILER, KAREN		3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP	CLEARWATER FL 34622		3.4. CITY-S	T- ZIP				
TITLE	D	☐ DÉLETE	4.1 TITLE				Change	☐ Addition
NAME	ZINTEL, MARK		4. 2 NAME					
STREET ADDRESS	1		4.3 STREET	ADDRESS				i
CITY-ST-ZIP	CLEARWATER FL 33762		4.4 CITY-ST	-ZIP		_		
TITLE	D	☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME	O'CONNELL, PAULETTE		5.2 NAME					
STREET ADDRESS	l		5.3 STREET	ADDRESS				
CITY-ST-ZIP	CLEARWATER FL 34622		5.4 CITY-S1					
TITLE	VELTURAL IL STALL	DELETE	6.1 TITLE		officer marillan	Г.	Change	Addition
NAME			6.2 NAME	۔ ا	978 14 (40-10-	-ر.		
STREET ADDRESS			6.3 STREET	ADDRESS	- con war cover co	· · ·		
CITY-ST-7IP	1		6.4 CITY-ST	r.zip C	edfrey, marilyn 929 La Concha D Nearwater, Fl	3376	2	

4. 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99

727/572-4289

Daytime Phone

CR2E037 (11/98