

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N26044**

1. Entity Name

VIZCAYA HOMEOWNERS' ASSOCIATION, INC.**FILED**
Jul 02, 2002 8:00 am
Secretary of State

07-02-2002 90807 031 ****61.25

0043361

Principal Place of Business

Mailing Address

2953 LA CONCHA DRIVE
CLEARWATER FL 33762
USP O BOX 17073
CLEARWATER FL 33762
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHULTZ, THOMAS A
2832 LA CONCHA DRIVE
CLEARWATER FL 33762

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME ~~CUNNINGHAM, KEV~~
STREET ADDRESS ~~2880 LA CONCHA DR~~
CITY-ST-ZIP ~~CLEARWATER FL 33762~~TITLE ☐ Change ☐ Addition
NAME **THOMAS A SCHULTZ**
STREET ADDRESS **2832 La Concha Dr**
CITY-ST-ZIP **Clearwater, Fla, 33762**TITLE **VP** ☐ Delete
NAME **GODWIN, JOHN**
STREET ADDRESS **2808 LA CONCHA DRIVE**
CITY-ST-ZIP **CLEARWATER FL 33762**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME ~~SCHULTZ, THOMAS~~
STREET ADDRESS ~~2832 LA CONCHA DRIVE~~
CITY-ST-ZIP ~~CLEARWATER FL 33762~~TITLE ☐ Change ☐ Addition
NAME **JOHN B. BYRNE**
STREET ADDRESS **2831 La Concha Dr**
CITY-ST-ZIP **Clearwater Fla, 33762**TITLE **D** ☐ Delete
NAME **BYRNE, MARTHA**
STREET ADDRESS **2800 LA CONCHA DRIVE**
CITY-ST-ZIP **CLEARWATER FL 33762**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **O'CONNELL, PAULETTE**
STREET ADDRESS **2969 LA CONCHA DRIVE**
CITY-ST-ZIP **CLEARWATER FL 33762**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 another like empowered.

SIGNATURE:

John B. Byrne
SIGNATURE REQUIRED

4/27/02 227-572-1340

CR2037 (9/01)