


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N26044
 1. Entity Name
 VIZCAYA HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
 2809 LA CONCHA DR P O BOX 17073
 CLEARWATER, FL 33762 US CLEARWATER, FL 33762 US



D1182006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 NOT APPLICABLE Not Applicable

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

6. Name and Address of Current Registered Agent
 BILKA, LOISANNE
 2905 LA CONCHA DR
 CLEARWATER, FL 33762

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MC MENAMIN, HAL
STREET ADDRESS	2880 LA CONCHA DR
CITY-ST-ZIP	CLEARWATER, FL 33762
TITLE	VPD
NAME	WHITCHURCH, RONALD
STREET ADDRESS	2856 LA CONCHA DRIVE
CITY-ST-ZIP	CLEARWATER, FL 33762
TITLE	TD
NAME	SCHULTZ, THOMAS A
STREET ADDRESS	2832 LA CONCHA DR
CITY-ST-ZIP	CLEARWATER, FL 33762
TITLE	SD
NAME	LOISANNE, BILKA
STREET ADDRESS	2905 LA CONCHA DRIVE
CITY-ST-ZIP	CLEARWATER, FL 33762
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/23/06-80006-025 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.

SIGNATURE: *Thomas A. Schultz* THOMAS A. SCHULTZ 4/16/06 573-3601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #