

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26044

FILED
May 04, 2008
Secretary of State

Entity Name: VIZCAYA HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2824 LA CONCHA DR
CLEARWATER, FL 33762 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 17073
CLEARWATER, FL 33762 US

New Mailing Address:

FEI Number: 01-0692270 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JASPERS, SIMON J
2824 LA CONCHA DR
CLEARWATER, FL 33762 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WHITCHURCH, RONALD
Address: 2856 LA CONCHA DR
City-St-Zip: CLEARWATER, FL 33762

Title: VPD () Delete
Name: CICCOLINI, JOSEPH
Address: 2833 LA CONCHA DRIVE
City-St-Zip: CLEARWATER, FL 33762

Title: TD () Delete
Name: JASPERS, SIMON J
Address: 2824 LA CONCHA DR
City-St-Zip: CLEARWATER, FL 33762

Title: SD () Delete
Name: MANNELLO, CATHY
Address: 2800 LA CONCHA DRIVE
City-St-Zip: CLEARWATER, FL 33762

Title: VPD () Delete
Name: LYNCH, MARK
Address: 2881 LA CONCHA DRIVE
City-St-Zip: CLEARWATER, FL 33762

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: HOPSON, JACK
Address: 2841 LA CONCHA DRIVE
City-St-Zip: CLEARWATER, FL 33762

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIMON J. JASPERS

TD

05/04/2008

Electronic Signature of Signing Officer or Director

Date