


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90160 018 \*\*\*\*61.25

<b>DOCUMENT # N93000002765</b>					
1. Entity Name VIZCAYA VILLAS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 15660 SAN CARLOS BLVD 40 FT MYERS, FL 33908			Mailing Address 15660 SAN CARLOS BLVD 40 FT MYERS, FL 33908		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02022006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 65-0508823 <span style="float:right">Applied For Not Applicable</span>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SAPP, PAUL L P & M PROPERTY MANAGEMENT, INC. 15660 SAN CARLOS BLVD, #40 FT MYERS, FL 33908			Name <b>SAME</b>		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINES, JESSE		NAME	Brett Martin	
STREET ADDRESS	15660 SAN CARLOS BLVD #40		STREET ADDRESS	15660 SAN CARLOS BLVD. # 40	
CITY-ST-ZIP	FT MYERS, FL 33908		CITY-ST-ZIP	Fort Myers, FL. 33908	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, MEL		NAME	Anthony Acuti	
STREET ADDRESS	15660 SAN CARLOS BLVD #40		STREET ADDRESS	15660 San Carlos Blvd. #40	
CITY-ST-ZIP	FT MYERS, FL 33908		CITY-ST-ZIP	Fort Myers FL 33908	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINS, MELISSA		NAME	JOANNE TERNEL	
STREET ADDRESS	15660 SAN CARLOS BLVD #40		STREET ADDRESS	15660 San Carlos Blvd. #40	
CITY-ST-ZIP	FT MYERS, FL 33908		CITY-ST-ZIP	Fort Myers, FL. 33908	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROWE, AMANDA		NAME	Chris Benjamin	
STREET ADDRESS	15660 SAN CARLOS BLVD #40		STREET ADDRESS	15660 SAN CARLOS BLVD. #40	
CITY-ST-ZIP	FT MYERS, FL 33908		CITY-ST-ZIP	Fort Myers FL. 33908	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, BRET		NAME	MEL GIBSON	
STREET ADDRESS	15660 SAN CARLOS BLVD #40		STREET ADDRESS	15660 SAN CARLOS BLVD #40	
CITY-ST-ZIP	FT MYERS, FL 33908		CITY-ST-ZIP	Fort Myers FL 33908	
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAPP, PAUL L		NAME		
STREET ADDRESS	15660 SAN CARLOS BLVD #40		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS, FL 33908		CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>Paul Sapp</i> <u>Paul SAPP</u>				Date: <u>5-03-06</u> Daytime Phone #: <u>239-481-1577</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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